

APPLICATION FORM



Note:

RackUltra Group reserves the right to ask the candidate questions that will help us determine whether he or she is qualified to meet the requirements of the position. This application will be stored and remain valid for three months following its reception.

PERSONAL INFORMATION

Last Name		First Name	
Address: No.	street	apt No.	Postal Code
City		Telephone No. – home	
Email (if any)		Telephone No. – work	

POSITION REQUESTED

<input type="checkbox"/> Manager <input type="checkbox"/> Assistant-Manager <input type="checkbox"/> Technician	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Available to work as of _____
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AVAILABILITY

Hours	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:						
To:						

CIVIL STATUS AND LANGUAGES

Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	Do you have the right to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No Your date of birth: _____	Spoken languages: <input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other: _____
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QUALIFICATIONS

List 3 personal objectives you wish to accomplish through this position:

- 1) _____
- 2) _____
- 3) _____

Please explain what you know about the following companies and products:

Thule _____

Yakima _____

Sportrack _____

Child safety seats _____

What other skills, training, or pertinent experience do you have that will help you perform the position you are seeking? _____

I acknowledge that the above information is true and complete. I understand that any false declaration or omission on my part may result in a rejection of my candidature.

Signature _____ Date _____

CONSENT

By this application, I authorize RackUltra Group and any company mandated by the latter to verify the information provided in this application and to proceed with any pertinent inquiry about my candidature and position.

For the above-stated purpose, my social insurance number is: _____

I assert that I have never been convicted of theft or fraud. By this application, I authorize Autorack International to verify this assertion.

Signature _____ Date _____

PLEASE RETURN YOUR EMPLOYMENT APPLICATION BY FAX TO THE STORE OF YOUR CHOICE

- LAVAL (450) 681-9950**
- BROSSARD (450) 445-4792**
- QUÉBEC (418) 687-0374**
- MONTRÉAL (514) 324-1841**
- DOLLARD-DES-ORMEAUX (514) 684-7225**

EDUCATION AND/OR TRAINING

Level	Name of Institution	Duration		Level Completed	Option or specialty
		from	to		
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are you planning on continuing your studies?
 Yes If yes, in what field? _____
 No

Are you presently pursuing your studies?
 Yes
 No

EXPERIENCE *MOST RECENT JOB FIRST*

1) Employer	Immediate Superior and Title	Telephone No.
Employer Address	Start Date and End Date _____ to _____	Salary
Job Title and Duties		Reason for Departure

2) Employer	Immediate Superior and Title	Telephone No.
Employer Address	Start Date and End Date _____ to _____	Salary
Job Title and Duties		Reason for Departure

3) Employer	Immediate Superior and Title	Telephone No.
Employer Address	Start Date and End Date _____ to _____	Salary
Job Title and Duties		Reason for Departure

GENERAL INFORMATION

What are your personal interests?

- _____
- _____
- _____

Only complete the following section if you are applying for a managerial position.
 Do you hold a valid Quebec driver's license? _____ License No. _____
 Has your driver's license ever been revoked? _____ If yes, explain _____