



Application for Employment

**In addition to completing this application, please include your most recent resume.
You must acknowledge that you have read the job posting for this position.**

POSTION APPLIED FOR: _____

PERSONAL INFORMATION

LAST NAME:		GIVEN NAMES:	
STREET ADDRESS:	CITY & PROVINCE:	POSTAL CODE:	
HOME PHONE:	CELL PHONE:	E-MAIL:	

EMPLOYMENT INFORMATION

EDUCATION

NAME OF INSTITUTION:	LOCATION:	DID YOU COMPLETE? YES/NO	GRADE/DEGREE/DIPLOMA OBTAINED:
HIGH SCHOOL			
TRADE/BUSINESS			
COLLEGE/UNIVERSITY			
OTHER			

TRAINING, LICENCES & CERTIFICATION

DO YOU HAVE A VALID DRIVER'S LICENCE: YES <input type="checkbox"/> NO <input type="checkbox"/> A DRIVER'S ABSTRACT WILL BE REQUIRED PRIOR TO ANY INTERVIEW		CLASS: AIR BRAKES: YES <input type="checkbox"/> NO <input type="checkbox"/>
WHMIS TRAINING: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE:		CERTIFICATE SUPPLIED: YES <input type="checkbox"/> NO <input type="checkbox"/>
FORKLIFT CERTIFICATION: YES <input type="checkbox"/> NO <input type="checkbox"/> DATE:		CERTIFICATE SUPPLIED: YES <input type="checkbox"/> NO <input type="checkbox"/>
WELDING CERTIFICATIONS:		
TRADES QUALIFICATIONS:		
FIRST AID CERTIFICATION	EXPIRY DATE:	
OTHER TRAINING/CERTIFICATES:		

OTHER INFORMATION

In the last five years have you had an injury that has kept you from work for more than 3 consecutive days and are you still affected by this injury? If yes, provide details.

EMPLOYMENT EXPERIENCE
(APPLICANTS MY ATTACH A RESUME AND/OR ADDITIONAL INFORMATION)

1. NAME, ADDRESS & PHONE NUMBER OF PRESENT/LAST EMPLOYER:

SUPERVISOR:

PERIOD EMPLOYED:

POSITION TITLE & DUTIES:

REASON FOR LEAVING:

2. NAME, ADDRESS & PHONE NUMBER OF PREVIOUS EMPLOYER:

SUPERVISOR:

PERIOD EMPLOYED:

POSITION TITLE & DUTIES:

REASON FOR LEAVING:

3. NAME, ADDRESS & PHONE NUMBER OF PREVIOUS EMPLOYER:

SUPERVISOR:

PERIOD EMPLOYED:

POSITION TITLE & DUTIES:

REASON FOR LEAVING:

ACKNOWLEDGEMENTS

I have read and understand the job posting for this position.

I certify that the information provided in this application is accurate. I understand that the withholding of information or the giving of false information on this application or my resume will result in a refusal to hire or in disciplinary action up to and including the termination of my employment.

I hereby grant permission to any person, firm or corporation to release to the Company or its representative any and all information regarding my past work or employment and my background. I waive any and all claims I might have with respect to the providing of such information.

I understand that the first 60 working days of my employment are a probationary period during which I may resign or the Company may terminate my employment without notice.

I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.

SIGNATURE:

DATE: