

APPLICANT INFORMATION

Last Name		First		Initial	Date
Street Address				Apartment/Unit #	
City		Province		Postal Code	
Phone		E-mail Address			
Date Available		Social Insurance Number (SIN)		Desired Salary	
Position Applied for Scheduler <input type="checkbox"/> Excavator Operator <input type="checkbox"/> Auger Operator <input type="checkbox"/> Foreman <input type="checkbox"/> Laborer <input type="checkbox"/> Supervisor <input type="checkbox"/> Shipping & Receiving <input type="checkbox"/> Estimator <input type="checkbox"/> Manager <input type="checkbox"/> Secretary <input type="checkbox"/> Sales personnel <input type="checkbox"/> Guide Rail installer <input type="checkbox"/> Fence installer <input type="checkbox"/> Boom Truck Operator <input type="checkbox"/> Electricians <input type="checkbox"/> Welder <input type="checkbox"/>					
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, which division? What year?	
Are you legally eligible to work in Canada?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name		Relationship	
Occupation		Phone ()	
Full Name		Relationship	
Occupation		Phone ()	
Full Name		Relationship	
Occupation		Phone ()	

PREVIOUS EMPLOYMENT

Company		Phone	Can we contact this company? Yes__ No__
Address		Supervisor	
Job Title	Starting Salary \$ / hour	Ending Salary \$ / hour	
Responsibilities			
From	To	Reason for Leaving	

Please exclude any reference to any organization which could indicate race, religion, marital status, age, color, gender, ancestry, political beliefs, sexual orientation, place of origin, physical disability, mental disability, or handicap.
 The undersigned acknowledges that the foregoing statements and information fully and truthfully set forth the true and accurate personal information of the applicant as of the date hereof. The undersigned further acknowledges that for the purpose of determining the suitability of the undersigned for the position applied for, an investigation may be made with respect to relevant information and further consents to the updating of this information from time to time. By signing this form, I give authorization to the company to contact my previous employer.

SIGNATURE

DATE

 * If sent via email, please check corresponding box **I agree** **I do not agree**