## **EMPLOYMENT APPLICATION**

## PERSONAL INFORMATION N

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| City/Postal Code | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| E-mail: | Click or tap here to enter text. |

Are you over the age of 18?  Yes  No

Can you legally work in Canada?  Yes  No

## EMPLOYMENT POSITIONS N

Position(s) applying for:Click or tap here to enter text.

What date can you start working?Click or tap here to enter text.Can you work overtime:  Yes  No

Do you have transportation to work?  Yes  No

Do you have a valid passport?  Yes  No

Can you work offsite locally or internationally?  Yes  No

Are you physically and mentally capable to perform all construction related tasks?  Yes No

## EMPLOYMENT HISTORY N

Name of current or last employer:Click or tap here to enter text.

Name of supervisor:Click or tap here to enter text. Phone number:Click or tap here to enter text.

Start date:Click or tap here to enter text. End date:Click or tap here to enter text.

Responsibilities:Click or tap here to enter text.

Reason for leaving:Click or tap here to enter text.

Other past employer:Click or tap here to enter text.

Name of supervisor:Click or tap here to enter text. Phone number:Click or tap here to enter text.

Start date:Click or tap here to enter text. End date:Click or tap here to enter text.

Responsibilities:Click or tap here to enter text.

Reason for leaving:Click or tap here to enter text.

## EDUCATION, TRAINING, CERTIFICATES AND OTHER RELEVANT EXPERIENCE: :

Did you graduate from High School? Yes  No If yes, what year? Click or tap here to enter text.

Other skills, qualifications, certificates, licenses, training or awards (include year):

Click or tap here to enter text.

## REFERENCES: N

Name: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

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Name: Click or tap here to enter text. Phone Number: Click or tap here to enter text.

I certify that information contained in this application form is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future. I, the undersigned, authorize the verification of any or all information listed above.

Signature: Click or tap here to enter text. Date: Click or tap here to enter text.

**FOR OFFICE USE UPON HIRING**

Start Date: For Office Use Only.

Position: For Office Use Only. Starting Wage For Office Use Only.

Birth Date: For Office Use Only. S.I.N.: For Office Use Only.

Supervisor’s Signature: For Office Use Only.

Special Notes: For Office Use Only.