

PEC ROOF MAINTENANCE

Employment Application

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone #	Alternate Phone# (Cell)		
Date Available	Social Ins. No.	Position Applied for	
List work related skills & training:			
Are you a Canadian citizen?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in Canada?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	
Driver's Licence?	YES <input type="checkbox"/> NO <input type="checkbox"/>	List any machinery you operate competently:	

EDUCATION

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

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____

Date _____

For Office Use Only:

- ✓ Reliability
- ✓ Safety
- ✓ Light Duties
- ✓ W.S.I.B.
- ✓ Hours/Overtime
- ✓ Health/Injuries

Birthdate _____

Driver's Licence # _____