

## Application For Employment

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
City: \_\_\_\_\_ Postal: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Social Insurance No: \_\_\_\_\_ Date Of Birth: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_  
Marital Status:     \_\_\_ Single     \_\_\_ Married     \_\_\_ Divorced     \_\_\_ Widowed  
Position Applied For: \_\_\_\_\_  
Salary Expected: \_\_\_\_\_  
Type Of Employment:   \_\_\_ Full Time           \_\_\_ Part Time           \_\_\_ Summer  
Date Available For Work:     Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_  
Are You Born In Canada:     \_\_\_ Yes \_\_\_ No?  
If Not When Did You Come To Canada: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_  
Do You Have All Legal Documents To Work In Canada:     \_\_\_ Yes \_\_\_ No?  
Transportation:   \_\_\_ Bus \_\_\_ Own Car     \_\_\_ Ride With Other  
Education: \_\_\_\_\_  
Special Training or Skills: \_\_\_\_\_  
Are you Aware of Any Current Health Conditions or Disability That Could Affect your  
Performance on the Job: \_\_\_ Yes \_\_\_ No?  
If Yes Explain: \_\_\_\_\_  
Have You Ever Been On Compensation For Any Injury: \_\_\_ Yes \_\_\_ No?  
If Yes Explain Type of Injury: \_\_\_\_\_

### **Employment History**

You're Current or Last Employer: \_\_\_\_\_ Ph#: \_\_\_\_\_  
Your Current or Last Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Ph#: \_\_\_\_\_  
Your Final Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*\* Please fax or email completed form to 604.587.5561 or info@alumicobuildingproducts.com*

-----Office Use Only-----

Date of Hire: \_\_\_\_\_ Position: \_\_\_\_\_  
Starting Date: \_\_\_\_\_ Salary P/H: \_\_\_\_\_

