

APPLICATION FOR EMPLOYMENT



I WANT TO: Work Full Time Work Seasonal

PERSONAL INFORMATION

First Name: _____ Middle: _____ Last: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: (____) _____ Cell Phone Number: (____) _____

Driver's License No. _____ Province: _____ Class: _____

Alberta Health Care No. _____ Social Insurance No. _____

Date of Birth: _____ Highest Level of Education: _____

Are you legally eligible to work in Canada Yes No

Do you have your own transportation? Yes No

Have you ever been employed by Freeze Maxwell Roofing before?

Yes No

If yes, when? _____ Why did you leave? _____

Have you operated any of the following machines for more than one month?

Forklift Kettle Gravel Spreader Midget Mopper Hoist Roof Cutter

Do you have:

First Aid Training WHMIS Other Training: _____

EMPLOYMENT HISTORY

Are you currently working? No Yes

If yes to above, where? _____

Where were you last working?	Where else have you worked?
Company: _____	Company: _____
Location: _____	Location: _____
Position: _____	Position: _____
Rate per Hour: _____	Rate per Hour: _____
Reason for Leaving: _____	Reason for Leaving: _____
Can we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	Can we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, Contact Name: _____	If yes, Contact Name: _____
If yes, Phone No. (____) _____	If yes, Phone No. (____) _____
From: _____ To: _____	From: _____ To: _____

I, the undersigned, acknowledge that the foregoing statements and information fully & truthfully set for the true and accurate personal information of the applicant as of the date hereof. If I am hired, I agree to abide by the safety regulations established by the Worker's Compensation Board and those of Freeze Maxwell Roofing (Calgary) Ltd. I agree to have in my possession and wear, while at work, a Hard Hat, Work Gloves, Work Boots and proper Work Clothes. I also agree to have the price of these deducted from my first pay cheque following their issue.

Signed: _____ Date: _____

FOR OFFICE USE ONLY	
Checked by: _____	Hired By: _____ Date Started: _____ Rate of Pay: _____
TD-1 Filled out & returned: _____	Safety Book Reviewed: _____
Remarks: _____	