

Employment Application Form Please print clearly Completing all sections of the application form is mandatory. Feel free to also attach your resume.

Persona	al Information				
Last Name:					
First Name:					
Preferred nickname (if applicable):					
Address:					
Suite # Street # Street Name					
City Province Postal Code					
Daytime phone number(s) (please include any applicable ex	tension numbers):				
Email address:	Salary expectation:	Available date: (dd/mm/yy)		
Prefer	red Position				
1 st Year Apprentice	Journe	yman			
2 nd Year Apprentice	Glazier	Glazier			
3 rd Year Apprentice	Safety	Safety Officer			
4 th Year Apprentice	Site Fo	Site Foreman			
Other (please specify)	Site Su	Site Superintendent			
	Project	Project Manager			
<mark>Permanent</mark>	Temporary	Temporary Part-time			
		Yes	No		
Are you legally entitled to work in Canada?					
Do you have an Alberta driver's license?					
Are you bondable?					
Are you able to work at elevated heights (including					
This position may require some or all of the follow walking, lifting/carrying more than 60lbs, hand stead dexterity and working outside in all weather condit	adiness, arm strength, manu				
Are all of these conditions acceptable for you?					
If not, please explain:					



Name:						
Education						
Highest level of Education:						
Degree/Diploma	School	Y	'ear Completed			
Additional relevant training awards, professional	Additional relevant training, certification, apprenticeship training, awards, professional designations or other education:		Dates (dd/mm/yy)			
			_			
		Yes	No			
Are you currently enrolled in a cour	rse?					
If yes, please specify:						
Course/Major/Subject	School	Expected of	completion date			
Course/Major/Subject	School	Expected of	completion date			
Course/Major/Subject	School	Expected of	completion date			



Name:					
Employment History Please begin with your most recent Employer. Use as many copies of this page as you need to cover at least the past 5 years.					
Employer			From (dd/mm/yy)	To (dd/mm/yy)	
Type of Business Fi		Final/Current Salary			
Position held/Nature of work			<u> </u>		
Supervisor name and title					
May we contact this employer for a reference?	Yes	No	Phone:		
Reason for leaving:					
Employer			From (dd/mm/yy)	To (dd/mm/yy)	
Type of Business			Final/Current Salary		
Position held/Nature of work			1		
Supervisor name and title					
May we contact this employer for a reference?	Yes	No	Phone:		
Reason for leaving:					
Employer			From (dd/mm/yy)	To (dd/mm/yy)	
Type of Business			Final/Current Salary		
Position held/Nature of work					
Supervisor name and title					
May we contact this employer for a reference?	Yes	No	Phone:		
Reason for leaving:					



Name:
Additional Information
Are there any other experiences, skills or qualifications which you feel make you a great fit with our company that you'd like to share?
Please also feel free to tell us about your leisure activities.
Describe your career ambitions in relation to your training and experience.
How did you hear about us?
If referred to us by a current employee, please tell us who:
Applicant Agreement
I hereby certify that all information in this application complete and true to the best of my knowledge.
Signature Date