



Employment Application Form

Please print clearly

Completing all sections of the application form is mandatory.

Personal 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 extension numbers):		
Email address:	Salary expectation:	Date Available:(dd/mm/yy)

Preferred Position			
1 st Year Apprentice	<input type="checkbox"/>	Journeyman	<input type="checkbox"/>
2 nd Year Apprentice	<input type="checkbox"/>	Glazier	<input type="checkbox"/>
3 rd Year Apprentice	<input type="checkbox"/>	Safety Officer	<input type="checkbox"/>
4 th Year Apprentice	<input type="checkbox"/>	Site Foreman	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	Site Superintendent	<input type="checkbox"/>
	<input type="checkbox"/>	Project Manager	<input type="checkbox"/>
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time			

	Yes	No
Are you legally entitled to work in Canada?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid driver's license and clean drivers abstract?	<input type="checkbox"/>	<input type="checkbox"/>
Are you bondable?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to work at elevated heights (including being on a swing stage)?	<input type="checkbox"/>	<input type="checkbox"/>
This position may require some or all of the following: long periods of standing, walking, lifting/carrying more than 60lbs, hand steadiness, arm strength, manual dexterity and working outside in all weather conditions. Are all of these conditions acceptable for you?	<input type="checkbox"/>	<input type="checkbox"/>
If not, please explain: _____		



Education		
Highest level of Education:		
_____	_____	_____
Degree/Diploma	School	Year Completed
Additional relevant training, certifications, professional designations or other:		Dates (dd/mm/yy)

	Yes	No
Are you currently enrolled in a course?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify:		
Course/Major/Subject	School	Expected completion
Course/Major/Subject	School	Expected completion
Course/Major/Subject	School	Expected completion



Employment History		
<i>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.</i>		
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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>	Phone:	
Reason for leaving:		



Ferguson
Building Your Visions

<i>Additional Information</i>
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?
What are some of your hobbies?
Describe your career ambitions in relation to your training and experience:
What is your availability?
How did you hear about us?
If referred to us by a current employee, please specify:

<i>Applicant Agreement</i>
I hereby certify that all information in this application complete and true to the best of my knowledge.
Signature _____ Date _____