



607 15 AVE
NISKU, ALBERTA
T9E 7N6

TEL: (780) 955-9344
FAX: (780) 955-9343
JOBS@CUSTOMVAC.COM

APPLICATION FOR EMPLOYMENT
PLEASE PRINT

POSITION APPLIED FOR	<input type="checkbox"/> TANK SHOP	WAGES EXPECTED \$ PER	DATE AVAILABLE / /
	<input type="checkbox"/> RIG-UP SHOP		
	<input type="checkbox"/> FINISHING SHOP		

SURNAME	FIRST	MIDDLE INITIAL	PHONE NUMBER ()	SOCIAL INSURANCE NUMBER
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ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE
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ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AFFILIATED WITH ANY TRADE UNION? i.e.: Boiler Makers, Pipe Fitters, etc. <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH ONE? _____
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EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)

COMPANY	FROM TO	SALARY	JOB TITLE
ADDRESS	TYPE OF BUSINESS		DUTIES/ RESPONSIBILITIES
REASON FOR LEAVING	SUPERVISOR		
COMPANY	FROM TO	SALARY	JOB TITLE
ADDRESS	TYPE OF BUSINESS		DUTIES/ RESPONSIBILITIES
REASON FOR LEAVING			
COMPANY	FROM TO	SALARY	JOB TITLE
ADDRESS	TYPE OF BUSINESS		DUTIES/ RESPONSIBILITIES
REASON FOR LEAVING	SUPERVISOR		

EDUCATION (CANADIAN ONLY)

	GRADE / COMPLETED	DURATION	MAJOR / SUBJECT	DIPLOMA / DEGREE
SECONDARY SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO TITLE _____
BUSINESS, TRADE OR TECHNICAL SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO TITLE _____
COMMUNITY COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO TITLE _____
UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO TITLE _____

ADDITIONAL COURSES, SEMINARS, WORKSHOPS, SCHOOLING:

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY CUSTOM VAC? <input type="checkbox"/> YES IF YES, WHEN? _____ <input type="checkbox"/> NO	WHO REFERRED YOU TO CUSTOM VAC? <hr/> DO YOU HAVE YOUR OWN TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO RELOCATE? (ANSWER IF JOB RELATED) <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO WORK SHIFTS AND/OR WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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LIST HOBBIES AND INTERESTS, SERVICE CLUBS, PROFESSIONAL ASSOCIATIONS, ETC:
 (Not required to list clubs, organizations, etc. of a religious, racial, political or national character)

REFERENCES (Please list three persons whom we may contact - not relatives or previous)

NAME	ADDRESS	PHONE NUMBER ()	OCCUPATION
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OFFICE USE ONLY

NAME	ADDRESS	PHONE NUMBER ()	OCCUPATION
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OFFICE USE ONLY

NAME	ADDRESS	PHONE NUMBER ()	OCCUPATION
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OFFICE USE ONLY

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE.
 I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT OR CAUSE MY DISMISSAL. I FURTHER UNDERSTAND THAT IF THIS POSITION REQUIRES A VALID DRIVERS LICENSE, ITS PROOF THEREOF AND CURRENT DRIVERS ABSTRACT WILL BE REQUIRED AT THE TIME OF EMPLOYMENT.

APPLICANT SIGNATURE _____

PRINT _____ DATED / /

OFFICE USE ONLY

INTERVIEWER/S _____

SIGNATURE/S _____

PRINT _____ DATED / /

TO BE COMPLETED ONLY WHEN APPLICANT HAS BEEN HIRED

MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IN CASE OF EMERGENCY CONTACT ADDRESS _____	RELATIONSHIP WORK PHONE NUMBER HOME PHONE NUMBER () ()	
DATE HIRED	STARTING DATE	REGULAR HOURS	POSITION	DATE EMPLOYMENT COMMENCED / /

DATE OF BIRTH / /