Maritime F·E·N·C·E

"When Quality Really Matters"

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name	First	Initial	Date
Street Address		Apartment/Unit #	
City	Province	Postal Code	
Phone	E-mail Address		
Date Available	Social Insurance Number (SIN)	Desired Salary	

Position Applied for: Scheduler ☐ Excavator Operator ☐ Auger Operator ☐ Foreman ☐ Laborer ☐ Supervisor ☐ Shipping & Receiving ☐
Estimator ☐ Manager ☐ Secretary ☐ Sales personnel ☐ Guide Rail installer ☐ Fence installer ☐
Boom Truck Operator ☐ Electricians ☐ Welder ☐

Have you ever worked for this company? YES ☐ NO ☐ If so, which division? What year?

Are you legally eligible to work in Canada? YES ☐ NO ☐

EDUCATION

High School		Address			
From	To	Did you graduate?	YES ☐	NO ☐	Degree
College		Address			
From	To	Did you graduate?	YES ☐	NO ☐	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship
Occupation	Phone ( )
Full Name	Relationship
Occupation	Phone ( )
Full Name	Relationship
Occupation	Phone ( )

PREVIOUS EMPLOYMENT

Company	Phone	Can we contact this company? Yes__ No__	
Address	Supervisor		
Job Title	Starting Salary $ / hour	Ending Salary $	/ hour
Responsibilities			
From To	Reason for Leaving		

Please exclude any reference to any organization which could indicate race, religion, marital status, age, color, gender, ancestry, political beliefs, sexual orientation, place of origin, physical disability, mental disability, or handicap.
The undersigned acknowledges that the foregoing statements and information fully and truthfully set forth the true and accurate personal information of the applicant as of the date hereof. The undersigned further acknowledges that for the purpose of determining the suitability of the undersigned for the position applied for, an investigation may be made with respect to relevant information and further consents to the updating of this information from time to time. By signing this form, I give authorization to the company to contact my previous employer.

SIGNATURE _____ DATE _____ * If sent via email, please check corresponding box **I agree** ☐ **I do not agree** ☐