

EMPLOYMENT APPLICATION

On receipt your application will be reviewed and, if qualifications and experience meet the requirements of an existing vacancy, you will be contacted for an interview.

If a suitable vacancy does not exist, your application will be retained for future reference for a 6-month period.

POSITION OR TYPE OF WORK DESIRED				SURNAME				GIVEN NAMES IN FULL					
SOCIAL INSURANCE NUMBER			STREET ADDRESS			CITY		PROVINCE		POSTAL CODE		TELEPHONE NUMBER	
CRIMINAL RECORD RELATING TO EMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY: _____								VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE: _____					
DO YOU HAVE ANY CONDITION THAT COULD AFFECT YOUR ABILITY TO PERFORM THE POSITION FOR WHICH YOU HAVE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY: _____								ARE YOU ELIGIBLE TO ACCEPT EMPLOYMENT IN CANADA WITH VSA HIGHWAY MAINTENANCE LTD.? (DOCUMENTARY EVIDENCE OF ELIGIBILITY MAY BE REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO					
PREFERRED HOURS:		TYPE OF EMPLOYMENT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY						DATE AVAILABLE					
HAVE YOU EVER BEEN EMPLOYED BY VSA HIGHWAY MAINTENANCE LTD.? <input type="checkbox"/> YES <input type="checkbox"/> NO								DATES		LOCATION			
EDUCATION		INSTITUTION		PROGRAM/SPECIALIZATION		FROM		TO		GRADUATED		DIPLOMA	
SECONDARY						MO YR		MO YR					
POST SECONDARY						MO YR		MO YR					
OTHER						MO YR		MO YR					
CLERICAL		TYPING SPEED: _____		PHONE SYSTEMS		<input type="checkbox"/> OTHER		COMPUTER PROGRAMS		SKILLS: _____ (TYPE: _____)		SKILLS: _____ (TYPE: _____)	
TRADE SKILLS: <input type="checkbox"/> JOURNEYPERSON TICKET TICKET # _____ TYPE _____ COMPANY _____ YEAR _____													
IF CURRENTLY ENROLLED IN AN APPRENTICESHIP PROGRAM: TYPE _____ COMPANY _____ YEAR _____													
PREVIOUS EMPLOYERS AND LOCATION (IN ORDER OF MOST RECENT EMPLOYMENT)				POSITION HELD		STARTED		LEFT		SALARY		REASON FOR LEAVING	
						MO YR		MO YR					
						MO YR		MO YR					
						MO YR		MO YR					
IF PREVIOUSLY EMPLOYED, GIVE WORK REFERENCES	NAME			ADDRESS & BUS. PHONE NO.				POSITION			MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	NAME			ADDRESS & BUS. PHONE NO.				POSITION			MAY WE CONTACT YOU AT YOUR PRESENT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
I understand and agree that: (1) misrepresentation in any of the above statements will result in the cancellation of this application and, if I am employed, may be cause for dismissal; (2) if I am accepted for employment, my employment will be on a trial basis, as per Union Agreement, terminable without notice; (3) if given an offer of employment, I agree to: (a) take a company paid medical examination if requested to do so, on the understanding that my employment is conditional upon the results of the examination; (b) complete an Occupational Health Questionnaire if requested to do so; and (c) abide by all company policies and work rules in force from time to time; (4) if the position applied for is within the bargaining authority, I will be required to join the Union; and (5) I will be required to join and sign the necessary assignment forms for mandatory benefit plans of the Company.										DATE: _____			
										SIGNATURE: _____			