



VAN BREE ENTERPRISES

7074 Nauvoo Rd.,

Warwick Township, ON, N0N 1J4

Phone: 519-828-3641 Fax: 519-828-3006

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____

Address: _____

Home Phone: _____

Cell: _____

Best time to contact you: _____ at home number or cell number (circle one)

Are you looking for? Fulltime Summer (May/June/July/August)
 Fulltime Seasonal Part time Seasonal

Position applied for: Operator Truck Driver
 General Labourer Mechanic/Shop
 Foreman Office
 Other _____

Are you legally eligible to work in Ontario? Yes No

Social Insurance Number (Optional): _____

Date you are available to work: _____

Do you have reliable means of transportation to get to and from work? _____

Wage Expectations _____ per hour.

MOST RECENT EMPLOYMENT HISTORY

1. Present/Previous Employer: _____
Address: _____
Phone: _____
Position: _____
Length of time employed: _____
Reason for Leaving: _____
Leaving Salary/Wages: _____
May we contact this employer? Yes No

2. Present/Previous Employer: _____
Address: _____
Phone: _____
Position: _____
Length of time employed: _____
Reason for Leaving: _____
Leaving Salary/Wages: _____
May we contact this employer? Yes No

Do you have a valid Driver's Licence? Yes No

G D A Z other _____

Did you attend an Operator or Driver Training Program? Yes No

Name of Program: _____ Year Completed: _____

EDUCATION (Highest Level of Education Attained)

	Name of School	Course of Study	Year Completed
<input type="checkbox"/>	High School _____		
<input type="checkbox"/>	Trade School _____		
<input type="checkbox"/>	College/University _____		
<input type="checkbox"/>	Continuing Ed Courses _____		
<input type="checkbox"/>	Other _____		

SAFETY TRAINING

	Year Completed
<input type="checkbox"/> First Aid	_____
<input type="checkbox"/> CPR	_____
<input type="checkbox"/> WHMIS	_____
<input type="checkbox"/> Confined Space Entry	_____
<input type="checkbox"/> Chainsaw	_____
<input type="checkbox"/> Fall Protection	_____
<input type="checkbox"/> Other	_____

EXPERIENCE

Do you have any experience with any of the following and if so give details.

	Hours	Type of Work Done
<input type="checkbox"/> Excavator	_____	_____
<input type="checkbox"/> Loader	_____	_____
<input type="checkbox"/> Dozer	_____	_____
<input type="checkbox"/> Backhoe	_____	_____
<input type="checkbox"/> Rock Truck	_____	_____
<input type="checkbox"/> Other	_____	_____
<input type="checkbox"/> Dump Truck	_____	_____
<input type="checkbox"/> Dump Trailer	_____	_____
<input type="checkbox"/> Lasers	_____	_____
<input type="checkbox"/> Levels	_____	_____
<input type="checkbox"/> Cement Saws	_____	_____
<input type="checkbox"/> Chainsaws	_____	_____
<input type="checkbox"/> No Experience but willing to learn		

Do you have any experience in the following types of construction, if so, list number of years:

- Farm Drainage _____
- Municipal Drainage _____
- Sewer & Water Main _____
- Reconstruction _____

REFERENCES

Name _____
Company _____
Address _____
Job Title _____
Phone _____

Name _____
Company _____
Address _____
Job Title _____
Phone _____

Name _____
Company _____
Address _____
Job Title _____
Phone _____

I authorize investigation of all statements contained in this application and I hereby certify, that, to the best of my knowledge and belief, the answers given by me and the statements are correct. I understand that any false information or consequential omission is cause for immediate dismissal.

Date: _____

Signature: _____