

Employment Application

APPLICANT INFORMATION

Last Name		First		Middle/Nickname	
Street Address				Unit #	
City		Province		Postal Code	
Email		Cell		Phone	
Position Applied For			Current years in this position		
Have you previously worked for Farmer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when and in what position?		
Were you referred by a Farmer employee?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, name of employee?		

WORK EXPERIENCE (please include number of years of experience)

Position	Experience	Level	Tickets	Position	Experience	Diploma	Certification
Apprentice Carpenter				Estimator			
Carpenter				Project Coordinator			
Concrete Finisher				Project Manager			
Foreman				Superintendent			
Labourer				Other			

EMPLOYMENT (please include number of years of experience)

Employer	Position	Experience	From	To	Reason for Leaving	Can we contact?
						YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION

High School / College / University or Other	Year Graduated	Area of Study	Certification / Diploma / Degree

SAFETY TRAINING / CERTIFICATION

Enter date of training / certification			
First Aid		Valid Hearing Test	Red Seal
WHMIS		Valid Driver's License	Gold Seal

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

Signature		Date	
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