



APPLICATION FOR EMPLOYMENT

Name: _____

Address: _____ City/Postal Code: _____

Home Telephone: _____ Cell Phone: _____

TYPE OF EXPERIENCE – Please indicate your skills & work experience (ex: Equipment operated & for how long)

ELIGIBILITY TO WORK		
Are you a citizen of Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "no" are you legally eligible to work in Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DRIVING RECORD – Please attach Driver's abstract if available.	
Valid Driver's license number: _____	Expiration Date: _____
Type of license (class):	1 A 3 5

EMPLOYMENT RECORD – Please begin with present or most recent position. List your three most recent work experiences & include any other pertinent information. Attach resume or additional sheets if necessary.

From: Month/Year	To: Month/Year	Total number of months:
Name of Employer:		Phone number:
Name and Title of Supervisor:		

From: Month/Year	To: Month/Year	Total number of months:
Name of Employer:		Phone number:
Name and Title of Supervisor:		

From: Month/Year	To: Month/Year	Total number of months:
Name of Employer:		Phone number:
Name and Title of Supervisor:		



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TRAINING – Please indicate what training you have received. Certification will be verified prior to employment.

	Yes	No	Course number & level	Expiration date
<i>Confined Space Entry</i>				
<i>Defensive Driving</i>				
<i>First Aid</i>				
<i>H2S Alive</i>				
<i>TDG</i>				
<i>WHIMIS</i>				
<i>Other</i>				
<i>Other</i>				

I understand that during my employment with Weaver Group Ltd. I may be required to submit to a drug and alcohol test procedure in accordance with applicable laws and regulations. I agree that I will submit to a requested substance abuse screening, and understand that my failure to comply with such a request or a positive result failing to meet the minimum standards established by Weaver Group Ltd. may result in immediate suspension or termination of employment.

Date:

Signature: