



402 Warren Avenue East
 Penticton, BC V2A 3M2
 Phone: (250) 493-7972
 Fax: (250) 493-7255

Application for Employment

(Please Print)

Name: _____ Date: _____

Present Address: _____
 _____ Postal Code: _____

Phone No.: _____ Email: _____

Type(s) of work applied for (in order of priority):

1. _____
2. _____
3. _____

How did you hear about us? Castanet Online Listing: _____ Yellow Pages On-site Signage Other: _____

Skills: (check box if you have work experience with the following)		
Framing <input type="checkbox"/>	Personal Computer <input type="checkbox"/>	First-Aid
Finishing <input type="checkbox"/>	Microsoft Word <input type="checkbox"/>	Level: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Concrete <input type="checkbox"/>	Microsoft Excel <input type="checkbox"/>	Expiry Date: _____
Forklift <input type="checkbox"/>	Microsoft Access <input type="checkbox"/>	Other: _____
Crane(s) <input type="checkbox"/>	MS Project <input type="checkbox"/>	Experience with Skilled Labourers? <input type="checkbox"/>
Types: _____	Other: _____	Experience with Unskilled Construction Workers? <input type="checkbox"/>
_____	_____	

Employment History				
We will only contact your previous/current employer if "YES" is circled by "OK to Contact? YES / NO"				
Start with Most Recent or Existing				
Company Name:	Your Position & Duties:	Starting Date <small>YYYY/MM/DD</small>	Starting Wage	Reason for Leaving:
Address of Employer:			\$	
		Last Day Worked <small>YYYY/MM/DD</small>	Ending Wage	
			\$	OK to Contact? YES / NO
Phone:		If still employed list present wage:		
Type of Business:		Name and Title of Immediate Supervisor:		
Company Name:	Your Position & Duties:	Starting Date <small>YYYY/MM/DD</small>	Starting Wage	Reason for Leaving:
Address of Employer:			\$	
		Last Day Worked <small>YYYY/MM/DD</small>	Ending Wage	
			\$	OK to Contact? YES / NO
Phone:		If still employed list present wage:		
Type of Business:		Name and Title of Immediate Supervisor:		
Company Name:	Your Position & Duties:	Starting Date <small>YYYY/MM/DD</small>	Starting Wage	Reason for Leaving:
Address of Employer:			\$	
		Last Day Worked <small>YYYY/MM/DD</small>	Ending Wage	
			\$	OK to Contact? YES / NO
Phone:		If still employed list present wage:		
Type of Business:		Name and Title of Immediate Supervisor:		

Qualifications

State any experience gained in previous work: _____

List any special qualifications: _____

List types of equipment you can operate: _____

List any special certificates, licence, etc.: _____

Do you have a valid B.C. Driver's Licence? **YES / NO** Class: _____ License No.: _____

Do you have your own transportation? **YES / NO** Years of Construction Experience: _____ Wage Expected: _____

Education History

Type of school	Name of School or Institution and Address	Courses Majored in	Last Year or grade completed	Graduate? Give Degree	Year of Completion
High School	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Personal References – Give three character references (not relatives or employers)

Name	Occupation	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I understand and agree that any misrepresentation by me in this application will be sufficient cause to cancel this application and/or terminate my employment with Greyback Construction Ltd., if I have been hired. I also understand and agree that I may be required to take a medical examination, at Greyback's expense, and hereby authorize the examining physician to release any information concerning my ability to perform any function of my employment.

I understand and agree that my present and previous employer(s) will be contacted, and my signature below signifies authorization for release of any information concerning my performance while in their employ. The new Privacy Act stipulates that a previous employer may not release personal information to prospective employers (or anyone) without the employee's consent. I understand that it may be necessary to fax this form to current/previous employer(s) for verification.

Date: _____ Signature: _____

- THIS SECTION FOR OFFICE USE ONLY -

Employment Reference Check

Employer	Spoke to	Comments
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
Signature _____		Date _____

File Category:

- Carpenter Superintendent Other _____
 Skilled Labourer Concrete Finisher
 General Labourer First Aid Attendant

Received By: _____ Destroy: _____