

# BURNCO

## Application for Employment

### HUMAN RESOURCES DEPARTMENT

| <b>PERSONAL</b> (Print Clearly)  |     |  |  |  |                              |
|--|-----|--|--|--|------------------------------|
| Last Name  |     | Middle Name  |  | First Name   |                              |
| Address  | No. | Street   | City   | Province   | Postal Code                  |
| Home Phone   |     | Other Phone/Fax  |  | Email Address  |                              |
| Position Applied For   |     |  | Date of Application                                      |  | Date when Available for Work |
| Competition Number:  |     |  | Where did you find out about this advertised position?   |  |                              |
| Are you legally entitled to work in Canada?  |     | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Are you available to work shifts?                        |                              |
|  |     |  |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |                              |
| Are you legally old enough to work in this Province?   |     |  | Are you available to travel?                             |  |                              |
| Yes <input type="checkbox"/> No <input type="checkbox"/>   |     |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                              |
| Are you fully aware of the physical requirements to perform the job applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |     |  |  |  |                              |
| Do you have sufficient physical ability to perform the job applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>          |     |  |  |  |                              |
| Specify any conditions that may limit your ability to perform this job:  |     |  |  |  |                              |
|  |     |  |  |  |                              |
| Have you previously worked for BURNCO or a subsidiary?   |     |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                              |
| Do you currently have relatives working for BURNCO or a subsidiary? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes who/where?                             |     |  |  |  |                              |

| <b>EMPLOYMENT HISTORY</b> (List most recent first, for previous employment related to this application)   |                     |
|---|---------------------|
| Name of Employer:   | Address:            |
| Last Position Held:   | Phone:              |
| Name of Supervisor:   | Reason for Leaving: |
| Period Employed:  | Final Pay Rate:     |
| Duties:   |                     |
|   |                     |
| Name of Employer:   | Address:            |
| Last Position Held:   | Phone:              |
| Name of Supervisor:   | Reason for Leaving: |
| Period Employed:  | Final Pay Rate:     |
| Duties:   |                     |
|   |                     |
| Name of Employer:   | Address:            |
| Last Position Held:   | Phone:              |
| Name of Supervisor:   | Reason for Leaving: |
| Period Employed:  | Final Pay Rate:     |
| Duties:   |                     |
|   |                     |
| May BURNCO contact any of your previous employers to verify the information on this application? Yes <input type="checkbox"/> No <input type="checkbox"/> |                     |

# BURNCO

## Application for Employment

| <b>EDUCATION and TRAINING</b> (List in chronological order)     |   |                |
|---|---|----------------|
| Name of High School   | Highest Grade Completed:                    | Date Completed |
| Name of Course/Training   | Name of Licence/Certificate/Diploma/Degree: | Date Completed |
| Name of Course/Training   | Name of Licence/Certificate/Diploma/Degree: | Date Completed |
| Name of Course/Training   | Name of Licence/Certificate/Diploma/Degree: | Date Completed |
| List any additional Job Skills that relate to this Application: |   |                |

| <b>DRIVER/EQUIPMENT OPERATOR APPLICANTS ONLY</b><br>(Complete if you expect to be driving a Company vehicle in the position applied for)                    |                |
|---|----------------|
| Do you have a valid operators licence for this Province? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                |
| What is the Class of your Provincial Operators Licence? (circle) <b>5</b> <b>4</b> <b>3</b> <b>2</b> <b>1</b> Other: _____                                  |                |
| Place of Issue:   | Date of Issue: |
| Will you provide a recent abstract of your driving record if offered employment? Yes <input type="checkbox"/> No <input type="checkbox"/>                   |                |
| Will you authorize periodic requests for a driver abstract by BURNCO, from Provincial authorities? Yes <input type="checkbox"/> No <input type="checkbox"/> |                |

| <b>DRIVING/EQUIPMENT OPERATING EXPERIENCE</b>  |   |                                  |
|--|---|----------------------------------|
| Type of Truck/Vehicle/Equipment  | Number of Years Driving/Operating this Type | Class of Licence/Ticket Required |
| Type of Truck/Vehicle/Equipment  | Number of Years Driving/Operating this Type | Class of Licence/Ticket Required |
| Type of Truck/Vehicle/Equipment  | Number of Years Driving/Operating this Type | Class of Licence/Ticket Required |
| Provide any other information relevant to your driving/equipment operating experience: |   |                                  |

\* \* \* NOTICE to APPLICANTS \* \* \*

Any job offer made for employment at BURNCO or its subsidiaries, may be contingent upon a satisfactory job-related medical examination, and/or drug test, to determine capability to safely perform the requirements of the job.

| <b>APPLICANT</b> (Please check your application to see that you have fully answered every question)  |
|--|
| Have you attached a RESUME or additional sheets to this application? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| <p style="font-weight: bold; margin-top: 0;">I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.</p> <p style="margin-top: 10px;">Signature: _____ Date: _____</p> |