

BURNCO

Application for Employment

HUMAN RESOURCES DEPARTMENT

PERSONAL (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?					

EMPLOYMENT HISTORY (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"/>	

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EDUCATION and TRAINING (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:		

DRIVER/EQUIPMENT OPERATOR APPLICANTS ONLY (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) 5 4 3 2 1 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"/>	

DRIVING/EQUIPMENT OPERATING EXPERIENCE		
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.

APPLICANT (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: 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: 10px 0 0 0;">Signature: _____ Date: _____</p>