

**EMPLOYMENT APPLICATION**

On receipt your application will be reviewed and, if qualifications and experience meet the requirements of an existing vacancy, you will be contacted for an interview.  
If a suitable vacancy does not exist, your application will be retained for future reference for a 6-month period.

POSITION OR TYPE OF WORK DESIRED				SURNAME				GIVEN NAMES IN FULL					
SOCIAL INSURANCE NUMBER		STREET ADDRESS		CITY		PROVINCE		POSTAL CODE		TELEPHONE NUMBER			
CRIMINAL RECORD RELATING TO EMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY: _____						VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, TYPE: _____							
DO YOU HAVE ANY CONDITION THAT COULD AFFECT YOUR ABILITY TO PERFORM THE POSITION FOR WHICH YOU HAVE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY: _____						ARE YOU ELIGIBLE TO ACCEPT EMPLOYMENT IN CANADA WITH VSA HIGHWAY MAINTENANCE LTD.? (DOCUMENTARY EVIDENCE OF ELIGIBILITY MAY BE REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO							
PREFERRED HOURS: _____		TYPE OF EMPLOYMENT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY				DATE AVAILABLE _____							
HAVE YOU EVER BEEN EMPLOYED BY VSA HIGHWAY MAINTENANCE LTD.? <input type="checkbox"/> YES <input type="checkbox"/> NO						DATES _____			LOCATION _____				
<b>EDUCATION</b>		INSTITUTION		PROGRAM/SPECIALIZATION		FROM MO YR	TO MO YR	GRADUATED	DIPLOMA				
SECONDARY													
POST SECONDARY													
OTHER													
<b>CLERICAL SKILLS:</b>		TYPING SPEED: _____		PHONE SYSTEMS _____		<input type="checkbox"/> OTHER _____		COMPUTER PROGRAMS _____					
<b>TRADE SKILLS:</b>		JOURNEYPERSON TICKET <input type="checkbox"/>		TICKET # _____		TYPE _____		COMPANY _____		YEAR _____			
IF CURRENTLY ENROLLED IN AN APPRENTICESHIP PROGRAM:						TYPE _____			COMPANY _____			YEAR _____	
<b>PREVIOUS EMPLOYERS AND LOCATION (IN ORDER OF MOST RECENT EMPLOYMENT)</b>		POSITION HELD		STARTED MO YR	LEFT MO YR	SALARY		REASON FOR LEAVING					
<b>IF PREVIOUSLY EMPLOYED, GIVE WORK REFERENCES</b>	NAME _____		ADDRESS & BUS. PHONE NO. _____			POSITION _____		MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO					
	NAME _____		ADDRESS & BUS. PHONE NO. _____			POSITION _____		MAY WE CONTACT YOU AT YOUR PRESENT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO					
I understand and agree that: (1) misrepresentation in any of the above statements will result in the cancellation of this application and, if I am employed, may be cause for dismissal; (2) if I am accepted for employment, my employment will be on a trial basis, as per Union Agreement, terminable without notice; (3) if given an offer of employment, I agree to: (a) take a company paid medical examination if requested to do so, on the understanding that my employment is conditional upon the results of the examination; (b) complete an Occupational Health Questionnaire if requested to do so; and (c) abide by all company policies and work rules in force from time to time; (4) if the position applied for is within the bargaining authority, I will be required to join the Union; and (5) I will be required to join and sign the necessary assignment forms for mandatory benefit plans of the Company.								DATE: _____					
								SIGNATURE: _____					