

Job Application Form

Name: (First, Middle, Last)			Date:
Address:			Email Address:
			Phone Number:
City:	Province:	Postal Code:	Mobile Number:

Position Applied for:	Years of Experience:
Anticipated Start Date:	
Do you have a current Driver's License?	Yes No
Do you have your own vehicle?	Yes No
Are you legally entitled to work in Canada?	Yes No

Tickets/Certifications:

		Copies:		Y	N
<input type="checkbox"/>	Journeyman Trade: _____			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Apprentice Year: _____			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CWB Exp: <u> / / </u> DD / MM / YYYY	1	2	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Fall Protection Exp: <u> / / </u> DD / MM / YYYY	3		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	First Aid Exp: <u> / / </u> DD / MM / YYYY			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	AWP Exp: <u> / / </u> DD / MM / YYYY			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	CSTS Exp: <u> / / </u> DD / MM / YYYY			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	RT ForkLift Exp: <u> / / </u> DD / MM / YYYY			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	OH Crane Exp: <u> / / </u> DD / MM / YYYY			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	OTHER Exp: <u> / / </u> DD / MM / YYYY			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	OTHER Exp: <u> / / </u> DD / MM / YYYY			<input type="checkbox"/>	<input type="checkbox"/>

Previous Work Experience	
Previous Employer:	Position:
Dates of Employment – Start Date:	End Date:
Duties:	
Reason for Leaving:	
Previous Employer:	Position:
Dates of Employment – Start Date:	End Date:
Duties:	
Reason for Leaving:	
<p>Depending on the position applied for, the type of work Whitemud offers may be physically demanding and could involve long hours. You may also be required to climb, walk on unstable ground, lift objects weighing approximately 30 – 40 lbs, and clearly hear directions and information given to you by your supervisor in a noisy environment.</p> <p>Are you aware of anything that would cause you to not be able to carry out the duties of a position with the above noted requirements? Yes No</p> <p>Please Explain:</p>	

References:

Name: _____ Phone Number: _____

Company: _____ Position/Title: _____

Name: _____ Phone Number: _____

Company: _____ Position/Title: _____

Name: _____ Phone Number: _____

Company: _____ Position/Title: _____

I authorize Whitemud Ironworks Group Inc. (Whitemud) to make inquires of my past employers, educational institutions and references concerning my prior employment, the verification of my educational background, and personal character. I further authorize all previous employers , educational institutions and other individuals providing references to respond to verbal and written inquiries from Whitemud regarding same. I hereby release all such persons from any liability and damages incurred as a result of providing this information.

I understand that with respect to Privacy Legislation I will not have access to the information provided by my past employers, educational institutions and references.

I certify that all the information contained in this application form is correct. I understand that if I am hired and it is found that this document contains false information it may be the result of my immediate dismissal.

Applicant Signature

Date