



APPLICATION FOR EMPLOYMENT CRANE SUPPLY

NAME:			
FIRST:		LAST:	
ADDRESS:			
STREET:			APT.
CITY:	PROV.	POSTAL CODE:	TEL:

HAVE YOU WORKED FOR **CRANE** BEFORE? Yes No FROM: _____ LOCATION: _____
 (IF YES, PROVIDE DATES AND LOCATION) TO: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? Yes No ARE YOU ELIGIBLE TO BE BONDED? Yes No

POSITION APPLIED FOR: _____ WAGE/SALARY EXPECTED: _____

WHEN ARE YOU AVAILABLE TO START? _____ ARE YOU WILLING TO RELOCATE? Yes No

EDUCATION

SECONDARY SCHOOL		BUSINESS OR TRADE SCHOOL	
HIGHEST GRADE OR LEVEL COMPLETED		NAME OF COURSE	LENGTH OF COURSE
TYPE OF CERTIFICATE OR DIPLOMA OBTAINED		LICENSE, CERTIFICATE OR DIPLOMA AWARDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMUNITY COLLEGE/CEGEP		UNIVERSITY	
NAME OF PROGRAM	LENGTH OF PROGRAM	DEGREE ATTAINED	LENGTH OF COURSE
DIPLOMA OR CERTIFICATE AWARDED? <input type="checkbox"/> Yes <input type="checkbox"/> No		MAJOR SUBJECT	
OTHER COURSES, WORKSHOPS OR SEMINARS		OTHER LICENSES, CERTIFICATES OR DEGREES	

EMPLOYMENT

LIST IN ORDER WITH MOST RECENT EMPLOYER FIRST. WHERE EMPLOYMENT RECORD IS NOT CONTINUOUS PLEASE EXPLAIN WHY.

NAME OF COMPANY		FROM:	MO.	YEAR	TO:	MO.	YEAR
ADDRESS		POSITION HELD					
		STARTING SALARY/WAGE			FINAL SALARY/WAGE		
		\$			\$		
TELEPHONE NUMBER ()	NAME OF SUPERVISOR	FUNCTIONS / RESPONSIBILITIES					
REASON FOR LEAVING							
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> Yes <input type="checkbox"/> No					

NAME:

NAME OF COMPANY	FROM:	MO.	YEAR	TO	MO.	YEAR
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ADDRESS	POSITION HELD
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	STARTING SALARY/WAGE	FINAL SALARY/WAGE
	\$	\$

TELEPHONE NUMBER ()	NAME OF SUPERVISOR	FUNCTIONS / RESPONSIBILITIES
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REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? Yes No

NAME OF COMPANY	FROM:	MO.	YEAR	TO	MO.	YEAR
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ADDRESS	POSITION HELD
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	STARTING SALARY/WAGE	FINAL SALARY/WAGE
	\$	\$

TELEPHONE NUMBER ()	NAME OF SUPERVISOR	FUNCTIONS / RESPONSIBILITIES
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REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER? Yes No

CANDIDATE

DATE SIGNED