



BIRNAM

APPLICATION FOR EMPLOYMENT

Date: _____

All Labourers and Operators employed by Birnam Excavating Ltd. must be (or become) a member of LIUNA or IUOE.

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(No.) (Street) (P.O. Box)

(City) Province (Postal Code)

Home Telephone No.: _____ Cell No. _____

E-mail Address: _____

Best time to contact you: _____ at Home Number or Cell Number (*please circle*)

Are you looking for:

- Fulltime
- Fulltime Seasonal
- Part-time
- Part-time Seasonal

Position applied for:

(Check all that apply, rate in order of preference)

- Operator
- General Labourer
- Pipelayer
- Truck Driver
- Mainline Excavator Operator
- Working Foreman
- Mechanic/Shop
- Other _____

Are you legally eligible to work in Ontario? Yes No

Social Insurance Number: (Optional) _____

Date you are available to start work: _____

Do you have reliable means of transportation to get to and from work? _____

Wage Expectations _____ per hour.

Home Local Union: _____ Union Affiliation: LIUNA or IUOE (*please circle*)

EMPLOYMENT HISTORY

(Please complete for your two most recent Employers.)

Present/Previous Employer:	_____
Address:	_____ _____
Telephone:	_____
Position:	_____
Employed from:	_____
to:	_____
Reason for Leaving:	_____
Leaving Salary/Wages:	_____

Present/Previous Employer:	_____
Address:	_____ _____
Telephone:	_____
Position:	_____
Employed from:	_____
to:	_____
Reason for Leaving:	_____
Leaving Salary/Wages:	_____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE?

Yes No

SKILLS ASSESSMENT

Do you have a valid Ontario Driver's Licence? Yes No

Driver's Licence # _____

Driving Record: _____

- G *(check all that apply)*
- D
- A
- Z
- Other _____

Did you attend an Operator or Driver Training Program? Yes No

Name of Program _____ Year Completed: _____

(continued on next page)

Do you have any experience operating the following construction equipment, and if so, give the approximate seat time in number of hours. (Type of Work Done)

<input type="checkbox"/>	Excavator	_____	hours	_____
<input type="checkbox"/>	Rubbertire backhoe	_____	hours	_____
<input type="checkbox"/>	Loader	_____	hours	_____
<input type="checkbox"/>	Dozer	_____	hours	_____
<input type="checkbox"/>	Dump Truck	_____	hours	_____
<input type="checkbox"/>	Tractor Trailer	_____	hours	_____
<input type="checkbox"/>	Other	_____	hours	_____
<input type="checkbox"/>	None			_____

Do you have any experience in the following types of construction, and if so, give the approximate number of hours in each. (check all that apply)

<input type="checkbox"/>	Ditching	(Hrs.) _____	<input type="checkbox"/>	Landscaping	(Hrs.) _____
<input type="checkbox"/>	Basements	_____	<input type="checkbox"/>	Farm Drainage	_____
<input type="checkbox"/>	Subdivisions	_____	<input type="checkbox"/>	City Work	_____
<input type="checkbox"/>	Reconstruction	_____	<input type="checkbox"/>	Work around utilities	_____
<input type="checkbox"/>	Agricultural/Farm Worker	_____		(above/below ground)	
<input type="checkbox"/>	Training School	_____	<input type="checkbox"/>	No experience but eager to learn	

Do you have experience with any of the following?

<input type="checkbox"/>	Lasers, set up and use	<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>	Levels	<input type="checkbox"/>	Mixing cement/cement work
<input type="checkbox"/>	Cement saws, small tools, jumping jack	<input type="checkbox"/>	Landscaping
<input type="checkbox"/>	Traffic Control	<input type="checkbox"/>	Trench box
<input type="checkbox"/>	Hoe Pac	<input type="checkbox"/>	No experience but eager to learn

If you are applying for a Truck Driver position, please state your experience, if any.

	# Seat Hrs.	Experience
<input type="checkbox"/>	Dump Truck	_____
<input type="checkbox"/>	Tractor Trailer	_____
<input type="checkbox"/>	Float Tractor	_____
<input type="checkbox"/>	Long Haul	_____
<input type="checkbox"/>	Short Haul	_____

If you are applying for a Shop/Mechanic Position, do you have any experience in the following?

- General Service
- Oil Changes
- Major Repairs (Transmission, Engine)
- Minor Repairs (Brakes, Exhaust)
- Shop Hand

(continued on next page)

Do you have any experience in the following computer programs?

(Please specify)

- Microsoft Outlook or other e-mail program _____
- Microsoft Office, (*Word, Excel, Power Point*) or other _____
- Other _____

Do you have any health issues that would prevent you from doing your work safely and on a full-time basis?

Yes No

Comments: _____

EDUCATION

Highest Level of Education Attained:

- | | <i>Name of School</i> | <i>Course of Study</i> | <i>Year Completed</i> |
|--|-----------------------|------------------------|-----------------------|
| <input type="checkbox"/> High School | _____ | _____ | _____ |
| <input type="checkbox"/> Trade/Technical | _____ | _____ | _____ |
| <input type="checkbox"/> College/University | _____ | _____ | _____ |
| <input type="checkbox"/> Continuing Ed Courses | _____ | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ | _____ |

SAFETY TRAINING

(Please check all that apply)

- | | <i>Trained By:</i> | <i>Year Completed</i> |
|---|--------------------|-----------------------|
| <input type="checkbox"/> First Aid | _____ | _____ |
| <input type="checkbox"/> CPR | _____ | _____ |
| <input type="checkbox"/> WHMIS | _____ | _____ |
| <input type="checkbox"/> Confined Space Entry | _____ | _____ |
| <input type="checkbox"/> Chainsaw | _____ | _____ |
| <input type="checkbox"/> Fall Protection | _____ | _____ |
| <input type="checkbox"/> Safety Rep | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |

WHAT HOBBIES OR ACTIVITIES DO YOU HAVE:

REFERENCES

Name _____
 Address _____
 Telephone _____
 Occupation _____
 Relationship _____

Name _____
 Address _____
 Telephone _____
 Occupation _____
 Relationship _____

I authorize investigation of all statements contained in this application and I hereby certify, that, to the best of my knowledge and belief, the answers given by me and the statements made are correct. I understand that any false information or consequential omission is cause for immediate dismissal. Do not answer any question that may, in your opinion, infringe on your human rights.

Date: _____

Signature: _____