



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)

Current Address:

(No.)

(Street)

(P.O. Box)

(City)

Province

(Postal Code)

If applicable, are you willing to relocate? YES NO

Home Telephone No.: _____ Cell No. _____

E-mail Address: _____

Best time to contact you: _____ at Home Number Cell Number

Are you looking for:

Position applied for: (Check all that apply)

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

Are you legally eligible to work in Ontario? Yes No

Date you are available to start work: Wage Expectations _____ per hour.

Do you have reliable means of transportation to get to and from work? Yes No

Home Local Union: _____ Union Affiliation: LIUNA IUOE

EMPLOYMENT HISTORY (Please complete for your two most recent Employers.)

1. Present/Previous Employer: _____

Address: _____

_____ Telephone: _____

Position: _____ Employed from: _____ to: _____

Reason for Leaving: _____ Leaving Salary/Wages: _____

2. Present/Previous Employer: _____

Address: _____

_____ Telephone: _____

Position: _____ Employed from: _____ to: _____

Reason for Leaving: _____ Leaving Salary/Wages: _____

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? **Yes** **No**

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

Driver's Licence Class: G D A Z
(circle all that apply)

Driver's Licence #: _____ Driving Record: _____

SKILLS ASSESSMENT

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

Name of Program: _____ Year Completed: _____

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

		Brief Description of Experience
Excavator	_____ hours	_____
Rubbertire backhoe	_____ hours	_____
Loader	_____ hours	_____
Dozer	_____ hours	_____
Dump Truck	_____ hours	_____
Tractor Trailer	_____ hours	_____
Other	_____ hours	_____

Do you have any experience in the following types of construction, and if so, give the approximate number of hours in each.

Ditching	_____ hours	Landscaping	_____ hours
Basements	_____ hours	Farm Drainage	_____ hours
Subdivisions	_____ hours	City Work	_____ hours
Reconstruction	_____ hours	Agricultural/Farm	_____ hours
Work around utilities	_____ hours (above/below ground)		

Do you have experience with any of the following? (Check all that apply)

- | | |
|--|----------------------------------|
| Lasers, set up and use | Manufacturing |
| Levels | Mixing cement/cement work |
| Cement saws, small tools, jumping jack | Landscaping |
| Traffic Control | Trench box |
| Hoe Pac | No experience but eager to learn |

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

		Brief Description of Experience
Dump Truck	_____ hours	_____
Tractor Trailer	_____ hours	_____
Float Tractor	_____ hours	_____
Long Haul	_____ hours	_____
Short Haul	_____ hours	_____

If you are applying for a Shop/Mechanic Position, do you have any experience in the following? (Please check all that apply)

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

Do you have any experience in the following computer programs?

- | | | |
|--|-----|----|
| Microsoft Outlook or other e-mail program | Yes | No |
| Microsoft Office, (Word, Excel, Power Point) | Yes | No |

EDUCATION

	Name of School	Course of Study	Year Completed
High School	_____	_____	_____
Trade/Technical	_____	_____	_____
College/University	_____	_____	_____
Continuing Ed Courses	_____	_____	_____
Other	_____	_____	_____

SAFETY TRAINING (Please check all that apply)

	Trained By:	Year Completed
First Aid	_____	_____
CPR	_____	_____
WHMIS	_____	_____
Confined Space Entry	_____	_____
Chainsaw	_____	_____
Fall Protection	_____	_____
Safety Rep	_____	_____
Other	_____	_____

REFERENCES

Name _____	Name _____
Telephone _____	Telephone _____
Occupation _____	Occupation _____
Relationship _____	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: