

TRUCKING & CONSTRUCTION DIVISIONS

TO ALL PROSPECTIVE EMPLOYEES OF SARNIA PAVING STONE LTD.

This application must be completely filled out to the best of your ability.

We require:

- Current copy of drivers record
- Copy of any training certificates
- Copy of birth certificate, passport or Canadian citizenship

We require your work history, experience, education and driving record. The dates you worked at previous employment and the phone numbers are very important.

Remember the more helpful you are, the faster and easier it is for our Recruiting Department to process your application.

Thank you.

Recruiting Department Sarnia Paving Stone Ltd.

APPLICATION FOR EMPLOYMENT

Sarnia Paving Stone Ltd. 764 Campbell Street, Sarnia, Ontario N7T 2J6

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, colour, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

			Date of Application	
Position(s) Ar	oplied for			
			Social Insurance 1	No
Last	First	Middle		
Address				
	Street		City	
		C	ell #Phor	ne
Province	P	ostal Code	· · · · · · · · · · · · · · · · · · ·	
Address				How long
for past	Street	City	Province & Postal Code	110 w 10115
3 years				How long
_ (all s	Street	City	Province & Postal Code	110w 1011g
Ara vou 21 vo				do proof of ago?
Are you 21 ye	ears of more and less	s man os years or	age?Can you provi	ue proof of age?
In case of eme	ergency notify			
	N	lame	Address	Phone
Have you wor	ked for this compar	y before?		
Dates: From	To	Rate	of Pay Pos	sition
Reason for lea	างาทธ			
Are you now	employed? If	not how long sir	nce leaving last employm	ent?
Who referred	vou?	not, now long on	Rate of pay exp	nected
Wilo iciciica	you:		Rate of pay exp	
		PHYSICAL I	HISTORY	
List any handi	icap that prevents yo	ou from doing cer	tain kinds of work	
Ž	1 1	C		
Are you physi	ically capable of hea	www.manual.work?	<u> </u>	
			gree of such injuries	
Ever injured o	on the job! G	ive nature and deg	gree or such injuries	
TT 1	1 . 0 1 .	d d	C '11 O	
How much tin	ne lost from work ir	the past three ye	ars for illness?	
Would you be	e willing to take phy	sical examination	?	
Have you even	r: A) Tested positiv	e for a controlled	substance?	
	B) Refused a drug	g test?	_	
	C) Has a breath a	lcohol test greater	than 0.04 for a company	
	applied but did no	ot work for.		-
	* *			

EMPLOYMENT HISTORY

All applicants must provide the following information on all employers during the preceding 5 years.

Note: List employers in reverse order starting with the most recent and attach sheet if space is needed.

		POSITION HELD
	FROM (M/Y)	
		REASON FOR LEAVING
P.CODE	TO (M/Y)	
	•	•
EMPLOYER		POSITION HELD
	FROM (M/Y)	
		REASON FOR LEAVING
P.CODE	TO (M/Y)	
		L
ER	DATES	POSITION HELD
	FROM (M/Y)	
		REASON FOR LEAVING
P.CODE	TO (M/Y)	
ER	DATES	POSITION HELD
∃R	DATES FROM (M/Y)	
ΞR	FROM (M/Y)	POSITION HELD REASON FOR LEAVING
ER P.CODE		
	FROM (M/Y)	
		P.CODE TO (M/Y) ER DATES

		EDUCAT	TION	
H	ligh school: 1 2	2 3 4 5 6 7 8 3 4 College	: 1 2 3 4	
DUCATION -	SCHOOL	ATTENDED	PROGRAM	GRAD DATE
DRIVER	PROVINCE	DRIVING EXP	PERIENCE CLASS	EXPIRATION DATE
LICENSES A) Have you eve B) Has any licen	r been denied a licence, permit or privilege	e, permit or privilege to ope ever been suspended or re	perate a motor vehicle? _	g details.
		TRAINING AND QU or qualifications you hav	ALIFICATIONS	

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company, as permitted by law

			Signature			
			CESS RECORI	D		
Applicant hired Date employed Department		Point employed				
	Superior	Good	Fair	Below Average	Poor	
Applicant						
Interview						
Past employment						
Written exam						
Road test						
Police/traffic record						
Signature of reviewing of	fficer	TERMINATION	ON OF EMPLO	OYMENT		
S			D	1.0		
Jate terminated	Volume	ory quit	Department released fromOther			