

# OKANAGAN AGGREGATES LTD.

## EMPLOYMENT APPLICATION

On receipt your application will be reviewed and, if qualifications and experience meet the requirements of an existing vacancy, you will be contacted for an interview.

If a suitable vacancy does not exist, your application will be retained for future reference for a 6-month period.

POSITION OR TYPE OF WORK DESIRED				SURNAME				GIVEN NAMES IN FULL						
SOCIAL INSURANCE NUMBER			STREET ADDRESS			CITY		PROVINCE		POSTAL CODE		TELEPHONE NUMBER		
CRIMINAL RECORD RELATING TO EMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY: _____							VALID DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CLASS: _____							
DO YOU HAVE ANY CONDITION THAT COULD AFFECT YOUR ABILITY TO PERFORM THE POSITION FOR WHICH YOU HAVE APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, SPECIFY: _____							ARE YOU ELIGIBLE TO ACCEPT EMPLOYMENT IN CANADA WITH OKANAGAN AGGREGATES LTD.? (DOCUMENTARY EVIDENCE OF ELIGIBILITY MAY BE REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO							
PREFERRED HOURS:		TYPE OF EMPLOYMENT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY					DATE AVAILABLE							
HAVE YOU EVER BEEN EMPLOYED BY OKANAGAN AGGREGATES LTD.? <input type="checkbox"/> YES <input type="checkbox"/> NO							DATES			LOCATION				
EDUCATION		INSTITUTION		PROGRAM/SPECIALIZATION		FROM		TO		GRADUATED		DIPLOMA		
						MO YR		MO YR						
SECONDARY														
POST SECONDARY														
OTHER														
CLERICAL		TYPING SPEED: _____		PHONE SYSTEMS		<input type="checkbox"/> OTHER		COMPUTER PROGRAMS						
SKILLS:		_____ (TYPE: _____)		_____ (TYPE: _____)		_____ (TYPE: _____)		_____ (TYPE: _____)						
TRADE SKILLS:														
<input type="checkbox"/> JOURNEYPERSON TICKET		TICKET # _____		TYPE _____		COMPANY _____		YEAR _____						
IF CURRENTLY ENROLLED IN AN APPRENTICESHIP PROGRAM:							TYPE _____		COMPANY _____		YEAR _____			
PREVIOUS EMPLOYERS AND LOCATION (IN ORDER OF MOST RECENT EMPLOYMENT)				POSITION HELD		STARTED		LEFT		SALARY		REASON FOR LEAVING		
						MO YR		MO YR						
<b>IF PREVIOUSLY EMPLOYED, GIVE WORK REFERENCES</b>	NAME _____			ADDRESS & BUS. PHONE NO. _____				POSITION _____			MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	NAME _____			ADDRESS & BUS. PHONE NO. _____				POSITION _____			MAY WE CONTACT YOU AT YOUR PRESENT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
I understand and agree that: (1) misrepresentation in any of the above statements will result in the cancellation of this application and, if I am employed, may be cause for dismissal; (2) if I am accepted for employment, my employment will be on a trial basis, as per Union Agreement, terminable without notice; (3) if given an offer of employment, I agree to: (a) take a company paid medical examination if requested to do so, on the understanding that my employment is conditional upon the results of the examination; (b) complete an Occupational Health Questionnaire if requested to do so; and (c) abide by all company policies and work rules in force from time to time; (4) if the position applied for is within the bargaining authority, I will be required to join the Union; and (5) I will be required to join and sign the necessary assignment forms for voluntary benefit plans of the Company.										DATE: _____				
										SIGNATURE: _____				