



EMPLOYMENT APPLICATION

Position:	
Name:	Phone:
Address:	Email:
Valid Driver's License: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Class:	SIN:

Type of Employment: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Date Available:
Have you been previously employed by Okanagan Aggregates Ltd? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, when and what position:	
Where are you available to work? <input type="checkbox"/> Local Only <input type="checkbox"/> Out of Town <input type="checkbox"/> Both	

EDUCATION & EXPERIENCE

Secondary	Date:
Post-Secondary	Date:
Other	Date:
Trade Skills – Please include ticket or apprenticeship:	
Previous work experience:	

COMPANY NAME	POSITION AND EXPERIENCE	DATE EMPLOYED

REFERENCES

CONTACT NAME	BUSINESS NAME	PHONE NUMBER