

Instructions:
 Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility.
 A *separate* application is required for each position/competition. Applications must be received at the appropriate closing location by the date indicated in the advertisement.

OFFICE USE ONLY

DATE RECEIVED

Freedom of Information and Protection of Privacy Act
 The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Public Service Act*. All information to us will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

POSITION INFORMATION

POSITION TITLE,	POSITION TITLE, second choice		
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FOR GENERAL APPLICATION	Full Time	Part Time	TYPE(S) OF POSITION – please describe
Indicate (✓) the type of employment you are requesting	PERMANENT	<input type="checkbox"/>	
	TEMPORARY	<input type="checkbox"/>	

PERSONAL INFORMATION

LAST NAME	FIRST NAME	INITIALS	RESIDENCE TELEPHONE NO. ()
			BUSINESS TELEPHONE NO. – or message ()
MAILING ADDRESS			EMAIL
		CITY	PROVINCE
			POSTAL CODE

LEGAL STATUS TO WORK IN CANADA – documentation may be required	Do you have a disability	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, what accommodation would you need?
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<input type="checkbox"/> CANADIAN CITIZEN <input type="checkbox"/> WORK PERMIT	<input type="checkbox"/> LANDED IMMIGRANT/ PERMANENT RESIDENT <input type="checkbox"/> OTHER – please specify:	that may require accommodation in the work place? <input type="checkbox"/> NO
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CURRENT EMPLOYMENT STATUS

Are you currently employed? <input type="checkbox"/> NO <input type="checkbox"/> YES – If YES, may we contact your present employer for references? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you willing to work anywhere in the province? <input type="checkbox"/> YES <input type="checkbox"/> NO – list locations preferred ➤	

EDUCATION & TRAINING

Please describe secondary, post secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.

NAME OF INSTITUTION OR ORGANIZATION	LOCATION	YEAR TAKEN	AREA OF STUDY / COURSE	GRADE / CERTIFICATION / DIPLOMA / DEGREE	COMPLETED YES NO (✓) <input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

ASSOCIATION / PROFESSIONAL AFFILIATIONS

List any active memberships or registrations in a professional or career related organization or society.

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WORK HISTORY

Have you previously been employed with HMC? NO YES,
indicate dates:

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the *major* duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required.

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
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SUPERVISOR – REFERENCE	SUPERVISOR’S TELEPHONE NO. ()	REASON FOR LEAVING	
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POSITION HELD BY APPLICANT	JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED – If applicable
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DUTIES AND SKILLS

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
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SUPERVISOR – REFERENCE	SUPERVISOR’S TELEPHONE NO. ()	REASON FOR LEAVING	
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POSITION HELD BY APPLICANT	JOB CLASSIFICATION – If applicable	SALARY	NO. OF PEOPLE SUPERVISED – If applicable
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DUTIES AND SKILLS

EMPLOYER AND LOCATION		FROM YYYY / MM / DD	TO YYYY / MM / DD
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SUPERVISOR – REFERENCE	SUPERVISOR’S TELEPHONE NO. ()	REASON FOR LEAVING	
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POSITION HELD BY APPLICANT	JOB CLASSIFICATION	SALARY	NO. OF PEOPLE SUPERVISED
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– If applicable

– If applicable

DUTIES AND SKILLS

EMPLOYER AND LOCATION

FROM YYYY /
MM / DD

TO YYYY / MM
/ DD

SUPERVISOR –
REFERENCE

SUPERVISOR'S
TELEPHONE NO.
()

REASON FOR LEAVING

POSITION HELD BY APPLICANT

JOB
CLASSIFICATION
– If applicable

SALARY

NO. OF PEOPLE
SUPERVISED
– If applicable

DUTIES AND SKILLS

SKILLS / EXPERIENCE

Check (✓) areas of skills/experience that you have which relate to the advertised position or, if this is a general application, to the position(s) that interests you, and attach any appropriate documentation.

	NET SPEED	NO. OF YEARS/MONTHS EXPERIENCE/ TRAINING	LIST RELATED EQUIPMENT, HARDWARE AND/OR SOFTWARE APPLICATIONS
<input type="checkbox"/> KEYBOARDING			
<input type="checkbox"/> DATA ENTRY			
<input type="checkbox"/> SOFTWARE APPLICATIONS			
<input type="checkbox"/> HARDWARE APPLICATIONS			
<input type="checkbox"/> OTHER			

SKILLS / ACHIEVEMENTS

Briefly summarize your knowledge and major skills / achievements which relate to the advertised position or, if this is a general application, to the position(s) that interests you. You may use this space to enter other information you would like us to consider in reviewing your application. Attach additional pages if required.



DRIVER'S LICENSE INFORMATION

Provide the following information if applying for a position where driving is a requirement.

List class(es) of valid driver's license.	List any restrictions / endorsement definitions on license.
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REFERENCES

Reference checks will be conducted to assess your past work performance and may include checks of attendance records.

In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

NAME	TELEPHONE NO.	RELATIONSHIP	NO.OF YEARS KNOWN
	()		
	()		
	()		

APPLICANT SIGNATURE

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).

Your authorization on this application form is your consent that as a condition of being considered for employment, references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information In this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

X	DATE SIGNED YYYY / MM / DD
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SIGNATURE (If applying electronically please type your name as authorization)