KNAPPETT PROJECTS INC.

GENERAL CONTRACTORS - CIVIL ENGINEERS

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading

PLEASE PRINT DATE: _____

NAME;_____ _____
SURNAME FIRST NAME

ADDRESS: _____

_____ _____

PHONE #: _____WEIGHT_____HEIGHT_____BIRTHDATE:_____

EDUCATION (Grade Ccmplcte&Degree Received) _____
_____

APPLYING FOR: FLLL TIME _____PART TIME _____ WEEKENDS_____

WILL YOU WORK OUT OF TOWN? YES_____NO_____

DO YOU HAVE TRANSPORTATION? YES_____ NO_____

UNION AFFLIATIONS _____ _____

POSITION:

_____Electrical
_____Millwright
_____ _Welder
_____ Carpenter
_____Pipefitter
_____Crane Operator
_____Labourer
_____ Painter
_____ Other
_____
_____
_____
_____
_____

SKILLS:

_____Millwriting
_____Carpentry
_____ Finishing
_____ _Rough
_____Timber
_____Cement Furnishing
_____Rebar Layout
_____ Rebar Helper
_____ Forklift
_____ Paint

_____Welding
_____Fit
_____Fabricate
_____MIG
_____TIG
_____Rigging
_____Connecting
_____Hydraulics
_____Plumbing/Fitting
_____Pipe Fitting
_____Sprinklers
_____Steam Fitting

ROAD BUILDING

_____Foreman
_____ _ Mechanics & Welders
_____Hoe Operator (Model 235& 245 or equiv)
_____D-9 Push Cat Operator
_____Motor Scrapers & D-6 & D-7
_____Operators & Serviceman
_____Motor Grader Operator (Model 16G)
_____Motor Grader & Tractor (Model 14G)
_____Packer Operator
_____Water Truck Operator
_____Labourers & Survey Chairman
_____Survey Roadman/Party Chief

CERTIFICATIONS (INCLUDING; FIRST AID, OPERATING ENGINEER LTC~..)
TRADE _____ TICKET NUMBER_____
TRADE_____TICKET NUMBER _____
TRADE_____ TICKET NUMBER _____
TOOLS_____MILLWRIGHT_____CARPENTRY _____
PLUMBING - PIPEFITTING_____OTHER_____

CONT'D

FORMER EMPLOYERS (MOST RECENT FIRST)

COMPANY/ ADDRESS/PHONE JOB LOCATION YOUR POSITION

_____

DESCRIBE WHAT YOU DID _____

_____

COMPANY/ ADDRESS/PHONE JOB LOCATION YOUR POSITION

_____

DESCRIBE WHAT YOU DID _____

_____

COMPANY/ ADDRESS/PHONE JOB LOCATION YOUR POSITION

_____

DESCRIBE WHAT YOU DID _____

_____

PHYSICAL/MEDICAL HISTORY

DESCRIBE YOUR GENERAL HEALTH:

_____POOR _____FAIR _____AVERAGE_____GOOD _____EXCELLENT

DO YOU HAVE ANY PHYSICAL/MENTAL LIMITATIONS WHICH MAY LIMIT YOUR ABILITY TO PERFORM CERTAIN WORK'? IF YES, DESCRIBE SUCH DEFECT(S) AND SPECIFIC WORK LIMITATIONS

_____

_____

HAVE YOU HAD A MAJOR ILLNESS IN THE PAST 5 YEARS?_____ IF YES, DESCRIBE _____

HAVE YOU EVER RECEIVED COMPENSATION FOR INJURIES?_____ IF YES, DESCRIBE _____

HAVE YOU OBLIGATIONS WHICH COULD INTERFERE WITH YOUR ATTENDANCE?

_____NO _____ YES SPECIFY_____

SIGNATURE DATE

_____