

Blue Mountain Services Ltd.

No.10 3051 Underhill Ave, Burnaby, BC V5A 3C2

Application for Employment

Full Given Name: _____

SIN Number: _____ Birth Date: _____

Home Address: _____

Home Phone: _____ Cell or Alternate No: _____

Motor Vehicle History

Do you hold a VALID BC Drivers License? _____ Number _____

If at all please list any MVA or DL suspensions in the past 3 yrs. _____

Please Supply Driver's Abstract with Application.

Position Desired

Position: _____ Date Available: _____

Are you currently employed? _____ (Please Supply Resume.)

Wage Desired? _____

May we contact your past or present employer for references & security purposes? ____

Please sign for the authorization above. _____

Reason for departure of last job held? _____

How did you hear about this Position? _____

Education and Trade Certifications

High School Name and Year graduated? _____

Do you hold Business or Technical School Certifications? ____ Please List Institutions, Certification and Tickets Below:

1) _____ Year Completed _____

2) _____ Year Completed _____

3) _____ Year Completed _____

4) _____ Year Completed _____

Do you hold a College or University Diploma or Degree or greater? _____

Please list Institutions & details of Degree or Major below:

1) _____ Year Completed _____

2) _____ Year Completed _____

3) _____ Year Completed _____

Do you hold a Valid First Aid Certificate? ____ If so what level? _____

Work Experience

Please list ALL employment starting with the most recent employer

Company / Employer/ Phone #	Position	Manager/Supervisor	Duties & Responsibilities

Specialized Areas of Related Work

Please list any areas of related work you have had.

References

Please list all relevant references below:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

It is understood that the employer may at any time verify the information on this form and I hereby consent thereto. I further agree that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of employment.

Date: _____ Signature: _____

For Office Personnel Only

Authorizing Officer: _____ Starting Wage: _____

Start Date: _____ Employee No. _____

Position Held: _____ Truck No. (if using one) _____