



CUSTOMER SERVICE ... EXCELLENCE IN MOTION

PLUMBING – EXCAVATING – U/G UTILITIES

## PRE-EMPLOYMENT APPLICATION

Lodder Brothers Limited is an equal opportunity employer. This application will be given every consideration, and its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. This questionnaire is a pre-employment application only.

<b><u>PERSONAL</u></b>						DATE: _____
Name	_____			Home Phone	( ) _____	
	Last	First	Middle			
Present Address	_____					
	No.	Street	City	Province	P.C	
Are you between 18-65?	Yes	_____	No	_____		
Are you legally entitled to work in Canada?	Yes	_____	No	_____		
Who should be contacted in case of an emergency?	_____				Contact Name	
					( ) _____	
Street Address	City		Prov.	P.C	Phone Number	
Do you hold a valid Driver's License?	Yes	_____	No	_____		

### **EMPLOYMENT DESIRED**

Are you seeking \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Temporary or summer Employment

Position applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied with us before? Yes \_\_\_\_\_ No \_\_\_\_\_ Date available to start: \_\_\_\_\_

Have you every worked here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If you ever applied or worked for us, state when and where you applied and / or worked. \_\_\_\_\_

How did you learn of our company and / or position? \_\_\_\_\_

Are you now or do you expect to be involved in any other business or employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any days or hours you would be unable or unwilling to work? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION**

SECONDARY SCHOOL \_\_\_\_\_

BUSINESS OR TRADE SCHOOL \_\_\_\_\_

Highest grade or level completed \_\_\_\_\_ Name of program \_\_\_\_\_  
Length of program \_\_\_\_\_

Diploma, certificate or license awarded?

Yes \_\_\_\_\_ No \_\_\_\_\_ Type: \_\_\_\_\_

COMMUNITY COLLEGE \_\_\_\_\_ UNIVERSITY \_\_\_\_\_

Major subject \_\_\_\_\_ Name of program \_\_\_\_\_  
Length of program \_\_\_\_\_

Degree, diploma or certificate awarded? Type:

Yes \_\_\_\_\_ No \_\_\_\_\_ Honours \_\_\_\_\_

Other courses, Workshops, Seminars, Licenses, Certificates, Degrees

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the lines provided please list your Strengths and Weaknesses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK RELATED SKILLS**

Describe any of your work related skills, experience, or training that relates to the position being applied for.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and periods of unemployment. If self-employed, give the firm name and supply business references.

**PLEASE GIVE MONTH AND YEAR.**

<b>Name of Employer:</b>	Name and title of	<u>Date employed</u>		<u>Pay</u>
Address:	Supervisor:	From:	To:	Starting:
City, Prov.		Mo. _____	Mo. _____	\$ _____
				Ending
Phone:	Nature of Business:	Yr. _____	Yr. _____	\$ _____
Title:	Reason for leaving:			
Duties:				
_____				
_____				
_____				

<b>Name of Employer:</b>	Name and title of	<u>Date employed</u>		<u>Pay</u>
Address:	Supervisor:	From:	To:	Starting:
City, Prov.		Mo. _____	Mo. _____	\$ _____
				Ending
Phone:	Nature of Business:	Yr. _____	Yr. _____	\$ _____
Title:	Reason for leaving:			
Duties:				
_____				
_____				
_____				

<b>Name of Employer:</b>	Name and title of	<u>Date employed</u>		<u>Pay</u>
Address:	Supervisor:	From:	To:	Starting:
City, Prov.		Mo. _____	Mo. _____	\$ _____
				Ending
Phone:	Nature of Business:	Yr. _____	Yr. _____	\$ _____
Title:	Reason for leaving:			
Duties:				
_____				
_____				
_____				

If you have ever worked under another name, please give that name: \_\_\_\_\_

Are you presently employed?      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes may we contact your employer?      Yes \_\_\_\_\_ No \_\_\_\_\_

Your former employer(s)      Yes \_\_\_\_\_ No \_\_\_\_\_

**SPECIAL SKILLS**

Do you type?                      Yes \_\_\_\_\_ No \_\_\_\_\_ Words per minute \_\_\_\_\_

Do you take Shorthand?      Yes \_\_\_\_\_ No \_\_\_\_\_ Words per minute \_\_\_\_\_

Have you had any computer or word processing experience or training? Yes \_\_\_\_\_ No \_\_\_\_\_

What languages do you speak and or write fluently? \_\_\_\_\_

Use the space below to describe why you are interested in working for us, list the skills and abilities which you feel particularly qualify you for a position with us. Please attach a resume if you have one available/

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attached an additional sheet? Yes \_\_\_\_\_ No \_\_\_\_\_

**REFERENCES**

GIVE THREE REFERENCES, NOT RELATIVES, OR FORMER EMPLOYERS.

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AFFIDAVIT**

*I certify that the answers given to me to the foregoing questions and statements are true and correct without any intentional omissions or consequences of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and if employed would be cause for my termination. I further agree that you shall not be liable in any respect if my employment is terminated because of falsity of statement, answers or omissions made by me in this questionnaire. I also authorized the companies, schools, or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservation. Further I agree to expressly waive all provisions by law prohibiting any physician, person, hospital or other institution from disclosing to us any employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of us without the express written consent of the President. I understand my employment is at will. I further understand that I will be given an \*Employee Handbook\* outlining your rules and regulations.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPANY USE ONLY**

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Interviewers Remarks: \_\_\_\_\_  
\_\_\_\_\_