



10202 - 74 Avenue, Clairmont, AB T0H 0W0  
 Phone: 780.532.3350 Fax 780.532.8977  
 Email: office@fabcor.ca

## APPLICATION FOR EMPLOYMENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**TYPE OF EXPERIENCE** – Please indicate your skills & work experience (ex: Equipment operated & for how long)


**ELIGIBILITY TO WORK**

Are you a citizen of Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "no" are you legally eligible to work in Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**DRIVING RECORD** – Please attach Driver's abstract if available.

Valid Driver's license number: _____	Expiration Date: _____
Type of license (class):	1 A 3 5

**EMPLOYMENT RECORD** – Please begin with present or most recent position. List your three most recent work experiences & include any other pertinent information. Attach resume or additional sheets if necessary.

From: Month/Year	To: Month/Year	Total number of months:
Name of Employer:		Phone number:
Name and Title of Supervisor:		

From: Month/Year	To: Month/Year	Total number of months:
Name of Employer:		Phone number:
Name and Title of Supervisor:		

From: Month/Year	To: Month/Year	Total number of months:
Name of Employer:		Phone number:
Name and Title of Supervisor:		

**TRAINING** – Please indicate what training you have received. Certification will be verified prior to employment.

	Yes	No	Course number & level	Expiration date
Confined Space Entry				
Defensive Driving				
First Aid				
H2S Alive				
Trans. Dangerous Goods				
WHIMIS				
Other				
Other				

I understand that during my employment with Fabcor, I may be required to submit to a drug and alcohol test procedure in accordance with applicable laws and regulations. I agree that I will submit to a requested substance abuse screening, and understand that my failure to comply with such a request or a positive result failing to meet the minimum standards established by Fabcor may result in immediate suspension or termination of employment.

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