



Phone: (403)782-4400  
 4515 – 48 Avenue  
 Fax: (403-782-4260  
 Lacombe AB T4L 2C1

**PERSONAL DATA**

DATE		DATE AVAILABLE FOR WORK	
LAST NAME		FIRST NAME / INITIAL	
PRESENT ADDRESS			
CITY		PROVINCE	POSTAL CODE
HOME TELEPHONE ( )		OTHER TELEPHONE ( )	ARE YOU EMPLOYED NOW? YES NO
ARE YOU 18 YEARS OF AGE OR OLDER? YES NO		DO YOU HAVE A RELIABLE MEANS OF TRANSPORTAION TO GET TO WORK? YES NO	ARE YOU AWARE THAT THE POSTITION APPLIED FOR ARE FOR VARIOUS JOB SITES? YES NO
WHAT TYPE OF WORK ARE YOU INTERESTED IN DOING? GROUND/LABORER – STOCKPILE DRIVER – LOADER OPERATOR OTHER / EXPLAIN:			DRIVERS LICENSE: YES NO CLASS: 1 3 5 7 AIR
IN CAMP YOU WILL BE RESPONSIBLE FOR YOUR OWN BEDDING, TOWELS AND TOILETRIES, ETC. <b>HOPKINS CONSTRUCTION PROVIDES THE BUNKHOUSE AND COOKHOUSE.</b>			

**EDUCATION / TRAINING**

NAME OF INSTITUTION:	ACHIEVMENT:	TO: FROM:
LIST ANY SPECIALIZED TRAINING, APPRENTICE SKILLS, AWARDS, CERTIFICATES, AND OTHER EDUCATION: 1. 2. 3.		
EQUIPMENT OPERATED (SIZE AND MAKE):		

**PLEASE COMPLETE AND SIGN OTHER SIDE**

## WORK HISTORY

EMPLOYER		ADDRESS
YOUR JOB TITLE	TYPE OF BUSINESS	PERIOD EMPLOYED TO : (Mn/Yr)                      FROM: (Mn/Yr)
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING
DESCRIBE JOB DUTIES AND RESPONSIBILITIES		
EMPLOYER		ADDRESS
YOUR JOB TITLE	TYPE OF BUSINESS	PERIOD EMPLOYED TO : (Mn/Yr)                      FROM: (Mn/Yr)
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING
DESCRIBE JOB DUTIES AND RESPONSIBILITIES		

MAY WE CONTACT YOUR PRESENT OR PREVIOUS EMPLOYERS FOR REFERENCE? YES NO
ARE YOU AWARE OF ANY PHYSICAL OR MEDICAL CONDITIONS / RESTRICTIONS THAT MAY HINDER YOU FROM PERFORMING THE DUTIES OF THE POSITION FOR WHICH YOU HAVE APPLIED? YES NO EXPLAIN:
ARE YOU CURRENTLY UNDER MEDICAL TREATMENT FOR ANY CONDITION? YES NO EXPLAIN:
HAVE YOU EVER WORKED FOR HOPKINS CONSTRUCTION BEFORE? YES NO IF YES, SPECIFY DATE AND NAME OF FOREMAN:

### PLEASE READ CAREFULLY

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of Hopkins Construction (Lacombe) Ltd.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_