



Application for Employment

APPLICANT INFORMATION	
Name: _____	
Street Address: _____	
City: _____	Province: _____ Postal Code: _____
Home Phone: _____	Other Phone: _____
E-mail Address: _____	Type of Work Applying for: <input type="text" value="- Position -"/>
If applying for Skilled Labourer , list skills.	
If applying for Equipment Operator , list equipment / seat hours.	
If applying for Crane Operator , list capacity / type.	

SKILLS (Check box if you have work experience in the following)		
<input type="checkbox"/> Framing	<input type="checkbox"/> Unskilled Construction Worker	First Aid:
<input type="checkbox"/> Finishing	<input type="checkbox"/> Personal Computer	<input type="radio"/> Level 1 <input type="radio"/> Level 2 <input type="radio"/> Level 3
<input type="checkbox"/> Concrete	<input type="checkbox"/> Microsoft Word	Expiry Date: _____
<input type="checkbox"/> Forklift	<input type="checkbox"/> Microsoft Excel	Other: _____
<input type="checkbox"/> Crane(s)	<input type="checkbox"/> Microsoft Access	
Type(s) _____	<input type="checkbox"/> Microsoft Project	<input type="checkbox"/> Skilled Labourer
	<input type="checkbox"/> AutoCad	<input type="checkbox"/> Other _____

EMPLOYMENT HISTORY (Start with most recent or existing)				
We will only contact your previous employment if "OK to contact" is checked				
Name & Address of Employer	Your Position & Duties	Starting Date	Starting Wage	Reason for Leaving
<input type="text"/>	<input type="text"/>	_____	_____	<input type="text"/>
		Last Day Worked	Ending Wage	
Phone	Type of Business	If still employed, list present wage		<input type="checkbox"/> OK to contact
_____	_____	_____		Name & Title of immediate supervisor

Name & Address of Employer <input type="text"/>	Your Position & Duties <input type="text"/>	Starting Date _____	Starting Wage _____	Reason for Leaving <input type="text"/>
Phone _____	Type of Business _____	Last Day Worked _____	Ending Wage _____	<input type="checkbox"/> OK to contact
		If still employed, list present wage _____		Name & Title of immediate supervisor _____

Name & Address of Employer <input type="text"/>	Your Position & Duties <input type="text"/>	Starting Date _____	Starting Wage _____	Reason for Leaving <input type="text"/>
Phone _____	Type of Business _____	Last Day Worked _____	Ending Wage _____	<input type="checkbox"/> OK to contact
		If still employed, list present wage _____		Name & Title of immediate supervisor _____

QUALIFICATIONS

State any experience gained in previous work pertinent to position applied for:

List any special qualifications. Including types of equipment you can operate:

List any special certificates, licenses, etc:

Do you have a valid B.C. Driver's License? Yes No Class _____ License No. _____

Years of Construction Experience _____ Wage Expected _____

EDUCATION HISTORY

Type of School	Name and Address of School or Institution	Courses Majored in	Graduated/ Give Degree	Last Year or Grade Completed	Year of Completion
High School	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Personal references - Give three character references (not relatives or employers)

Name	Occupation	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DISCLAIMER AND SIGNATURE

I understand and agree that any misrepresentation by me in this application will be sufficient cause to cancel this application and/or terminate my employment with Wildstone Construction and Engineering Ltd., if I have been hired. I also understand and agree that I may be required to take a medical examination, at Wildstone's expense, and hereby authorize the examining physician to release any information concerning my ability to perform any function of my employment.

I understand and agree that my present and previous employer(s) will be contacted, and that by me submitting this form signifies authorization for release of any information concerning my performance while in their employ. The new Privacy Act stipulates that a previous employer may not release personal information to prospective employers (or anyone) without the employee's consent. I understand that it may be necessary to fax this form to current/previous employer(s) for verification.

Name: _____

Date: _____

Submit Application



**National Safety Code Abstract
Personal Request Form**

Licensing Support Services
PO Box 3750
Victoria BC V8W 3Y5

Telephone: 250-414-7732
Fax: 250-978-8012

Please type or print clearly, illegible information cannot be processed.

LAST NAME	FIRST NAME	SECOND NAME
DRIVER'S LICENCE NUMBER	DATE OF BIRTH (ddmmmyyyy)	TELEPHONE NUMBER

SIGNATURE OF DRIVER
(REQUEST WILL NOT BE PROCESSED IF SIGNATURE MISSING)

DATE

Return abstract by:

Mail

TO MY MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE
OR			
TO NAME OF CARRIER OR COMPANY			
MAILING ADDRESS	CITY	PROVINCE/STATE	POSTAL/ZIP CODE

Fax

TO MY FAX NUMBER
OR
TO NAME OF CARRIER OR COMPANY
FAX NUMBER

Email

TO MY EMAIL ADDRESS
OR
TO NAME OF CARRIER OR COMPANY
EMAIL ADDRESS

A National Safety Code Driver's Abstract is also available by calling Customer Contact at 250-978-8300 (in Victoria) or toll-free at 1-800-950-1498.



CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION

PART 1

IF COMPLETED MANUALLY, PLEASE PRINT

Surname		Given name (1)		Given name (2)		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Tel. no. (incl. area code)	
Address (no., street, apt.)			City		Province		Postal code		
Date of birth (yyyy-mm-d)		Place of birth		Driver's licence no.		Usual first name or alias		Maiden name/Any other Surname	
Previous address if less than 5 years at current address Address (no., street, apt.)			City		Province		Postal code		

PART 2

Pursuant to Section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police to disclose my personal information to:

Full name		Title		Name of organization				
Address (no., street, apt.)			City		Province		Postal code	

PART 3

WAIVER AND RELEASE:
I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

PART 4

This consent is valid for a period of three months from the date of signature.

Signed this _____ day of _____ Signature of applicant _____

PART 5

Following is information contained in the records of the RCMP or records from other police forces accessible through computer queries and is based on a name and date of birth check only. ****A record may or may not exist** for the subject of this inquiry, positive identification and a certified criminal records check can only be obtained through a fingerprint check. This can be made with the submission of a complete set of fingerprints to:

**INFORMATION AND IDENTIFICATION SERVICES
CANADIAN CRIMINAL RECORD INFORMATION SERVICES
1200 Vanier Parkway
OTTAWA, ONTARIO K1A 0R2**

YOUNG OFFENDER INFORMATION - The Youth Criminal Justice Act/Young Offenders Act make it an offence to disclose young offender information. In cases where an adult's record contains young offender information or a young offender requests a copy of his/her criminal record, the criminal record information **MUST** be given to the requester. Individuals can disclose their own information, but even with consent the RCMP are not legally permitted to disclose young offender information.

INSTRUCTION TO REQUESTERS: The following section contains varying degrees of police information.

- Confirm with the party identified in PART 2, the exact information they require.
- Choose the category which best symbolizes the information you are providing consent for the RCMP to disclose and place your initials in the appropriate INITIALS box.
- The party identified in PART 2 will be advised accordingly of negative checks.
- Checks resulting in possible "hits" for information identified in categories 1, 2 or 3 will require confirmation by the submission of fingerprints.
- You will be required to confirm that information located through the checks stipulated in category 4, is your personal information.
- You may withdraw this consent prior to disclosure.

No.	Initials	Category of Information for Disclosure	FOR POLICE USE ONLY
1.		Records of criminal convictions found in the Identification Data Bank attainable through the Canadian Police Information Centre (CPIC) for which a pardon has not been granted. RCMP: Make CPIC Criminal Record "LEVEL 1" Query ONLY.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
2.		Records of criminal convictions attainable through CPIC for which a pardon has not been granted plus records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC. RCMP: Make CPIC Criminal Record "LEVEL 1" Query AND a Persons CPIC Query.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
3.		Records of criminal convictions and summary of police information (including records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC) attainable through CPIC for which a pardon has not been granted plus records of discharges which have not been removed from the Identification Data Bank in accordance with the Criminal Records Act. This will include all charges regardless of disposition. RCMP: Make CPIC Criminal Record "LEVEL 2" Query AND a Persons CPIC Query.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
4.		Police information located on computer systems (e.g. Police Information Retrieval System (PIRS), CPIC, PROS, PRIME, LEIP) and information located through local police indices checks. This will include all information related to non convictions and all charges regardless of disposition. RCMP: Make Persons Queries on PIRS, CPIC, PROS, PRIME and LEIP. In view of the general nature of this information, confirm with requester this is in fact information pertaining to him/her. Requesters MUST confirm information which pertains to them prior to disclosure. If a discrepancy exists, do not disclose this information.	<input type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist

COMPLETED BY

Member (signature)	Reg. no.	Unit	Date
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