

**EMCON SERVICES INC.**  
APPLICATION FOR EMPLOYMENT

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TYPE OF WORK APPLIED FOR

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
CITY, PROV & POSTAL CODE

\_\_\_\_\_  
ALTERNATE CONTACT PHONE

DO YOU HAVE A DIRECT RELATIVE  
EMPLOYED BY EMCON SERVICES INC.?  YES  NO  
(if YES, or unsure, please provide their  
name, position and relationship) \_\_\_\_\_

\_\_\_\_\_  
SOCIAL INSURANCE NUMBER

TYPE OF EMPLOYMENT DESIRED:  FULL-TIME  PART-TIME  TEMP

ARE YOU PREPARED TO TRAVEL IN THE COURSE OF DUTIES?  YES  NO

IS YOUR ABILITY TO PERFORM YOUR DUTIES LIKELY TO BE AFFECTED BY A CURRENT OR  
PREVIOUS ILLNESS OR DISABILITY?  YES  NO

IF YES, PLEASE PROVIDE DETAILS \_\_\_\_\_

\_\_\_\_\_  
EDUCATIONAL BACKGROUND (starting with highest level or grade attained)

NAME & LOCATION OF SCHOOL OR INSTITUTION	COURSE/PROGRAM MAJOR FIELD	CREDITS OR DEGREE ATTAINED	DATES
_____	_____	_____	_____
_____	_____	_____	_____

SPECIAL COURSES: \_\_\_\_\_

ARE YOU A LICENSED PROFESSIONAL or TRADE JOURNEYMAN? \_\_\_\_\_  
If yes, please provide details and copy of certificates)

WORK EXPERIENCE

PRESENT (or last) EMPLOYER

\_\_\_\_\_  
DATES OF EMPLOYMENT

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

\_\_\_\_\_  
POSITION & DUTIES

\_\_\_\_\_  
REASON FOR LEAVING

\_\_\_\_\_  
SUPERVISORS NAME & PHONE #

PREVIOUS EMPLOYER

\_\_\_\_\_  
DATES OF EMPLOYMENT

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

\_\_\_\_\_  
POSITION & DUTIES

\_\_\_\_\_  
REASON FOR LEAVING

\_\_\_\_\_  
SUPERVISORS NAME & PHONE #

PREVIOUS EMPLOYER

\_\_\_\_\_  
DATES OF EMPLOYMENT

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

\_\_\_\_\_  
POSITION & DUTIES

\_\_\_\_\_  
REASON FOR LEAVING

\_\_\_\_\_  
SUPERVISORS NAME & PHONE #

IF YOU HAVE RELEVANT EMPLOYMENT HISTORY PREVIOUS TO THE ABOVE, PLEASE SUMMARIZE AND ATTACH.

MAY WE CONTACT YOUR PRESENT AND/OR PREVIOUS EMPLOYERS?     YES     NO

**\*\* PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENCE AND A CURRENT DRIVER ABSTRACT (updated in the current month).**

DATE AVAILABLE (OR NOTICE REQ'D): \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE