



MCMUNN & YATES BUILDING SUPPLIES (ERIKSDALE)

Box 8 • Eriksdale, MB • R0C 0W0

Phone (204) 739-2110 or (204) 739-5275 • Fax (204) 739-2018

Personal Information (please print)

Last Name		First Name		Initial	S. I. N.
Street Address					
Town/City			Province	Postal Code	
Telephone Number		Have you ever been employed by this company? <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, when?			
Position your are applying for			Desired employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual		
Date available to commence employment			Age: Are you under 16 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you legally entitled to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO			Do you possess a valid motor vehicle operator's license? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what class of license do you possess?		
Do you have any medical condition(s) which may affect your ability to perform the duties of the job for which you have applied? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify					
Since a pre-employment medical examination may be necessary for employment with McMunn & Yates Building Supplies, would you be willing to undergo a medical at McMunn & Yates' expense? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Since being accepted and covered under our company bond policies may be required for employment, would you be willing to authorize the bonding company to conduct a personal investigation? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Education & Training

EDUCATION	NAME OF SCHOOL	STILL ATTENDING?	GRADE/LEVEL COMPLETED	DEGREE/DIPLOMA OR CERTIFICATE OBTAINED	COURSE TAKEN AND/OR MAJOR SUBJECT
HIGH SCHOOL		<input type="checkbox"/> YES <input type="checkbox"/> NO			
UNIVERSITY OR COMMUNITY COLLEGE		<input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER		<input type="checkbox"/> YES <input type="checkbox"/> NO			

Please indicate any TRAINING AND/OR JOB EXPERIENCE which will assist you in applying for this position (e.g. carpentry, other trades, computer skills)

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Employment History

LIST PREVIOUS EMPLOYMENT IN ORDER, BEGINNING WITH YOUR PRESENT OR LAST EMPLOYER

1	Employer	Position		
	Street Address			
	Town / City	Province	Postal Code	
	Supervisor or Manager			
	Date Started (mm/yy)		Date Left (mm/yy)	
	Salary: Start \$ per		Finish \$ per	
	Reason for leaving			
	Briefly outline duties performed			

2	Employer	Position		
	Street Address			
	Town / City	Province	Postal Code	
	Supervisor or Manager			
	Date Started (mm/yy)		Date Left (mm/yy)	
	Salary: Start \$ per		Finish \$ per	
	Reason for leaving			
	Briefly outline duties performed			

3	Employer	Position		
	Street Address			
	Town / City	Province	Postal Code	
	Supervisor or Manager			
	Date Started (mm/yy)		Date Left (mm/yy)	
	Salary: Start \$ per		Finish \$ per	
	Reason for leaving			
	Briefly outline duties performed			

References

Please provide the names of three references (excluding relatives). Include at least one former supervisor whom we might contact about your job performance.

NAME	TITLE/OCCUPATION	COMPANY	ADDRESS	TELEPHONE NO.

In connection with my application for employment, I hereby consent that McMunn & Yates Buidling Supplies conduct, and/or cause to be conducted, a personal investigation. I understand that any misleading or incorrect statements render this application void, and, if employed, may be cause for my termination.

SIGNATURE

DATE