

EMPLOYMENT APPLICATION

PLEASE PRINT

PERSONAL INFORMATION

DATE: _____

NAME: _____
(SURNAME) (FIRST) (INITIAL)

ADDRESS: _____
(APT #) (STREET) (CITY) (PROVINCE) (POSTAL CODE)

S.I.N. _____ PHONE NUMBER: (_____) _____ - _____

HEALTH CARD #: _____ DATE OF BIRTH: _____
(YR) (MTH) (DAY)

JOB APPLIED FOR

I.C.I. JOURNEYMAN	_____	GROUNDMAN	_____
I.C.I. APPRENTICE	_____	GROUNDMAN DRIVER	_____
RES. JOURNEYMAN	_____	GROUNDMAN EQUIP. OPER.	_____
RES. APPRENTICE	_____	UTILITYMAN	_____
HOUSE JOURNEYMAN	_____	COMMUNICATION ELECT.	_____
HOUSE APPRENTICE	_____	CABLE INSTALLER PROV	_____
JOURNEYMAN LINEMAN	_____	SENIOR TECHNICIAN	_____
APPRENTICE LINEMAN	_____	LEVEL 1 TECHNICIAN	_____
JOURNEYMAN CABLESPLICER	_____	LEVEL 2 TECHNICIAN	_____
APPRENTICE CABLESPLICER	_____	INSTRUM. TECHNICIAN	_____
SUMMER HELPER	_____	CABLE INST. OCC PREM	_____
OTHER	_____		

CERTIFICATE OF QUALIFICATION (C OF Q) # _____

HAVE YOU EVER WORKED OUT OF THIS LOCAL UNION BEFORE? YES _____ NO _____

LAST COMPANY WORKED FOR: _____

IBEW MEMBERS ONLY

CARD # _____ HOME LOCAL UNION # _____

DOES YOUR HOME LOCAL HAVE A: PENSION PLAN: _____
WELFARE PLAN: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _____

APPLICANT'S SIGNATURE: _____

FOR OFFICE USE ONLY:

S/W _____