

A p p l i c a t i o n f o r E m p l o y m e n t

Personal Information

Name:

Last

First

Middle

Address:

Street

City

Prov.

Postal Code

Phone #

-

Are you related to anyone in our employment?

Yes

No

Referred by:

Valid driver's license? Yes

No

Class

Employment Information

Are you employed now: Yes

No

May we contact your past or present Employer:

Yes

No

Previous Employer: _____

Contact: _____

Ever applied at Alberta Industrial Metals Ltd. before:

Yes

No

When

Education

Last Grade Completed:

Completed Work Related Courses:

Work Related Experience:

Work Related Tools/Machinery/Equipment:

PRIVACY POLICY AND CONSENT: I acknowledge that Alberta Industrial Metals Ltd. may have collected personal information from me, as defined by the Personal Information and Electronic Documents Act or other provincial legislation. I consent to the use of this information for the purpose of obtaining or providing employment history information when required, or requested.

Position: _____ Date Start: _____ Starting Salary: _____

Printed Name: _____

Signature: _____

Date: _____

Hiring Supervisor: _____