





Box 1690 Fort Macleod, AB TOL-0Z0

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## **Application for Employment**

|   |                                    | Applicant            | Information  |                           |                    |  |  |
|---|------------------------------------|----------------------|--|---------------------------|--------------------|--|--|
| Full Name:                                |                                    |                      | Date:  |                           |                    |  |  |
|   | Last                               | First                |  | M.I.                      |                    |  |  |
| Address:                                  | Street Address                     |                      |  | Ana                       | tment/Unit #       |  |  |
|   | Street Address                     |                      |  | Араг                      | unenvonii #        |  |  |
|   | City                               |                      |  | Province                  | Postal Code        |  |  |
| Phone:                                    | •                                  |                      | Email:   |                           |                    |  |  |
|   | e to start work:                   |                      |  | : PT/FT: _                |                    |  |  |
|   | pplied for:                        |                      |  |                           |                    |  |  |
| How did you I                             | earn of                            |                      |  |                           |                    |  |  |
| Do you know                               | anyone that works within the com   | panies?              |  |                           |                    |  |  |
| If hired, do yo                           | u have a reliable means of transp  | ortation to and from | work?  |                           |                    |  |  |
| Which of the f                            | following are most important to yo | u (Circle those that | apply): Growth Accour                              | ntability Excellence Inno | vation Intentional |  |  |
|   |                                    |                      | Solution-  | Focused Integrity Peop    | ole-Driven         |  |  |
| What does "S                              | trive for 100% in everything we do | o" mean to you?      |  |                           |                    |  |  |
| Are you a Canadian citizen?               |                                    | YES NO               | YES № If no, are you authorized to work in Canada? |                           |                    |  |  |
| Have you ever worked for these companies? |                                    | YES NO               | If yes, when?                                      |                           |                    |  |  |
| Are you bondable?                         |                                    | YES NO               |  |                           |                    |  |  |
|   |                                    | Edu                  | cation   |                           |                    |  |  |
| High School:                              |                                    | Address              |  |                           |                    |  |  |
| riigii Scriooi.                           |                                    | Addless              | YES NO   |                           |                    |  |  |
| From:                                     | To:                                | Did you graduate     |  | iploma:                   |                    |  |  |
| Post-<br>Second.:                         |                                    | Address              | s:   |                           |                    |  |  |
| From:                                     | To:                                | Did you graduate     | ? YES NO D   | Degree:                   |                    |  |  |

| Other: Addr  |                      |              |                          |  |
|--|----------------------|--------------|--------------------------|--|
| Other Addi   | ess                  |              |                          |  |
|  |                      |              |                          |  |
| Re   | eferences            |              |                          |  |
| Please list three  | professional ref     | ferences.    |                          |  |
| Full Name:   |                      |              | Relationship:            |  |
| Company:Address:   |                      |              | Phone:                   |  |
|  |                      |              |                          |  |
| Full Name:Company:                                       |                      |              | Relationship:            |  |
| Address:   |                      |              | Phone:                   |  |
| Full Name:   |                      |              | Relationship:            |  |
| Company:   |                      |              | Phone:                   |  |
| Address:   |                      |              |                          |  |
| Previous   | Work Experienc       | ce           |                          |  |
| Company:   |                      |              | Phone:                   |  |
| Address:   |                      |              | Supervisor:              |  |
| Job Title: Start   | ing Wage: <u>\$</u>  |              | Ending Wage: <u>\$</u>   |  |
| Responsibilities:  |                      |              |                          |  |
| From: To:  | Reason for Leaving:_ |              |                          |  |
| May we contact your previous supervisor for a reference? | YES                  | NO           |                          |  |
|  |                      |              |                          |  |
| 0  |                      |              | Discussion               |  |
| Company: Address:  |                      |              | Phone: Supervisor:       |  |
|  |                      |              |                          |  |
|  | ng Salary: <u>\$</u> |              | Ending Salary: <u>\$</u> |  |
| Responsibilities:  |                      |              |                          |  |
| From: To:  |                      | for Leaving: |                          |  |
| May we contact your previous supervisor for a reference? | YES                  | NO           |                          |  |
|  |                      |              |                          |  |
| Company:   |                      |              | Phone:                   |  |

|                   |  |  |                             | <u> </u>                            |       |
|-------------------|--|--|-----------------------------|-------------------------------------|-------|
| Address:          |  |  | Supervisor:Ending Salary:\$ |                                     |       |
| Job Title:        | Start  |  |                             |                                     |       |
| Responsibilities: |  |  |                             |                                     |       |
| From:             | To:  | _ Reason f                             | for Leaving:_               |                                     |       |
| May we contact y  | our previous supervisor for a reference?   | YES                                    | NO                          |                                     |       |
| Occasionally an a | Additional Emapplication form can make it difficult for an indiv   | nployment Inforn<br>vidual to adequate | nation<br>ely summariz      | e their complete background and     |       |
|                   | potential employer. To assist us in finding the  |  |                             |                                     | below |
| to include any ad | ditional information that you may find applicabl   | le to your success                     | ful employm                 | ent with Structural Truss Systems L | .td.  |
| and/or Forma Ste  | eel Ltd. and/or IF Solutions Ltd.:   |  |                             |                                     |       |
|                   |  |  |                             |                                     |       |
|                   |  |  |                             |                                     |       |
|                   |  |  |                             |                                     |       |
|                   |  |  |                             |                                     |       |
|                   |  |  |                             |                                     |       |
|                   |  |  |                             |                                     |       |
|                   |  |  |                             |                                     |       |
|                   |  |  |                             |                                     |       |
|                   |  |  |                             |                                     |       |
|                   |  |  |                             |                                     |       |
| and/or Forma Ste  | completing this application form and for your i<br>eel Ltd. We would like to assure you that your o<br>ur merit and no other considerations. |  |                             |                                     |       |
|                   | Disclaim   | ner and Signature                      | 9                           |                                     |       |
|                   | fy that the facts set forth in the above employmend that if employed, falsified statements on th   |  |                             |                                     | e. I  |
| Signature:        |  |  |                             | Date:                               |       |
|                   |  |  |                             | •                                   |       |