Bernard L.
Mailman Projects Ltd.

Application for Employment

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For: Choose from list on right	Name (Last, First, Middle):	**Positions with BLMP** Truck Driver Heavy Equipment Operator Crusher Operator Mechanic Machinist Welder Job Estimator Foreman Labourer Support Staff
Street Address:	City, Province & Postal Code:	

Social Insurance Number:	Home Phone:	Work Phone:	Other Phone:

Are you Bondable:	◯ Yes ◯ No	
Do you have WHMIS training:	◯ Yes ◯ No	
Do you have current First Aid training:	◯ Yes ◯ No	
If required for position, do you have a valid driver's license?	◯ Yes ◯ No	If YES: State Master Number, Class & Expiry Date:

How did you learn about this employment opportunity? Check all that apply: ☐ Ad in newspaper
☐ Walk-in ☐ Website ☐ Dept. of Labor ☐ Referral by employee Other:

EDUCATION

Name of School	City/State	Did you graduate?		If Yes, date of Graduation	Degree received	
High School:		◯ Yes ◯ No				
GED:		◯ Yes ◯ No				
Other School:		◯ Yes ◯ No				
College/University:		◯ Yes ◯ No				

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position.

REFERENCES: Please list two references include Name, Address and Phone Number

EPLOYMENT HISTORY -Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information.
PLEASE DO NOT complete this information with the notation ñSee Resume.ò
PLEASE NOTE: Bernard L. Mailman Projects Ltd. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	○ Full time ○ Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:		
Supervisorôs Name, Title and Phone #:	Other Reference Name, Title and Phone #:	
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	○ Full time ○ Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:		
Supervisorôs Name, Title and Phone #:	Other Reference Name, Title and Phone #:	
Primary duties:		Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that misrepresentation or omission of facts represents grounds for elimination from consideration for employment or termination after employment, if discovered at a later date.

I authorize Bernard L. Mailman Projects Ltd. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment.

Applicant Signature: _____ Date: _____

Please forward completed application by one the following methods:
Mail To:
Bernard L. Mailman Projects Ltd.
15321 Highway 3, Hebbville, NS B4V 6X4

Fax To: 902-543-2714

Email To: office@mailmanprojects.ca

Bernard L. Mailman Projects Ltd.

ADDITIONAL EMPLOYMENT HISTORY IF REQUIRED

Dates Employed (most recent position) From: To	○ Full time ○ Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	○ Full time ○ Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	○ Full time ○ Part-time If part-time, # hrs./wk:	Title:
Organization Name and Address:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	
Primary duties:		Reason for Leaving: