

Application Form



AVL Construction Group Inc. considers all applications without prejudice as to race, colour, nationality, religion, gender, sexual orientation, marital status, disability or other conditions protected by the Charter of Rights and Freedoms.

Personal Data

Last name		First name		Middle name	
Present address					
City		Province		Postal Code	
Home telephone		Business telephone		Are you currently employed?	
Are you legally entitled to work in Canada?		Have you worked in our business before? If so, when?			
If hired, when can you start work?		Do you have a reliable means of transportation to get to work?			
Have you ever been convicted of a criminal offence for which a pardon has not been granted?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?		Do you want to work : <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary			
What type of work are you interested in doing?					

Education

(Education levels achieved and degrees obtained are subject to verification if an offer of employment is extended.)

	Elementary School					Secondary School					College or University					Graduate or Professional				
Year last attended																				
Completed level	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	1	2	3	4	5
Certificates, Diplomas, Degrees obtained																				
Course of Study																				
List any specialized training, apprenticeship, awards, professional designations, and other education																				

Work History

(List in order starting with your present or last job)

Present or last employer		Address	
Type of business			
Your job title	Period employed:	From (month/year)	To (month/year)
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			

Present or last employer		Address	
Type of business			
Your job title	Period employed:	From (month/year)	To (month/year)
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			

Present or last employer		Address	
Type of business			
Your job title	Period employed:	From (month/year)	To (month/year)
Name and title of immediate supervisor		Reason for leaving	
Describe job duties and responsibilities			

May we contact your present or last employer for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your previous employers for reference?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	---	--

Please read carefully:

The statements found in this application are true. I understand that any misrepresentation of information may disqualify me from employment or be the cause of my dismissal. If I am hired for the position, I accept to abide by the policies and procedures of the business as well as the rules and regulations. I accept, as well, a probationary period of (30) days, at which time the employer may terminate my employment, without any legal recourse on my part.

Applicant Signature: _____

Date: _____