

**G H STEWART CONST INC**

1118 BRODIE DR. R.R. #4  
ORILLIA, ONTARIO L3V 6H4

TELEPHONE: 705-326-2123

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E MAIL ADDRESS: *ghstewart@bellnet.ca*

**Application for Employment**

(PLEASE PRINT CLEARLY)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (POSTAL CODE)

TELEPHONE: \_\_\_\_\_  
(HOME) (MOBILE)

TYPE OF WORK DESIRED: \_\_\_\_\_ YEARS OF EXPERIENCE: \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENCE: YES \_\_\_\_\_ NO \_\_\_\_\_

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THIS PORTION OF THE FORM IS FOR CLASS DZ AND AZ DRIVERS ONLY

DATE OF BIRTH: \_\_\_\_\_ CLASS OF DRIVERS LICENCE: \_\_\_\_\_  
(DAY) (MONTH) (YEAR)

TRAFFIC VIOLATIONS IN THE PAST 5 YEARS: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT WERE THEY: \_\_\_\_\_  
\_\_\_\_\_

(ANY SUCCESSFUL APPLICANT MUST PROVIDE US WITH A CURRENT DRIVERS ABSTRACT)

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HAVE YOU EVER RECEIVED COMPENSATION FOR INJURIES: YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES DESCRIBE: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUSLY EMPLOYED BY:

\_\_\_\_\_  
(NAME) (PHONE) FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
\_\_\_\_\_  
(NAME) (PHONE) FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
\_\_\_\_\_  
(NAME) (PHONE) FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REFERENCES MAY BE REQUESTED FROM THE ABOVE EMPLOYERS: YES \_\_\_\_\_ NO \_\_\_\_\_

EXPERIENCE AND/OR OTHER INFORMATION: \_\_\_\_\_  
\_\_\_\_\_