



# Park Derochie Employment Application Form

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ SIN # \_\_\_\_\_ Postal Code: \_\_\_\_\_

List your previous two (2) employers:

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Check the types of work in which you have experience:

Fireproofing _____	Lathing _____	Trowelling _____	Other _____
Swingstage _____	Airless _____	Conventional _____	_____
Plural _____	Blasting _____	Brushing _____	_____
Inspecting _____	Rolling _____	Safety Watch _____	_____

Union memberships: \_\_\_\_\_

Have you ever been a foreman or been in charge of a job? \_\_\_\_\_

If Yes, Explain: \_\_\_\_\_

Total years of experience? \_\_\_\_\_ Do you have transportation? \_\_\_\_\_

What tools do you have? \_\_\_\_\_

Are you looking for full time work? \_\_\_\_\_ Are you willing to work weekends? \_\_\_\_\_ Evenings? \_\_\_\_\_

Are you willing to work part time? \_\_\_\_\_

Out of town to work? \_\_\_\_\_ In Town \_\_\_\_\_ Shop \_\_\_\_\_

Minimum hourly starting wage? \_\_\_\_\_ Hourly Rate on your last job? \_\_\_\_\_

Would you be willing to take a pre-employment drug and alcohol test? \_\_\_\_\_

If no, explain \_\_\_\_\_

Persons we can contact as references:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

Other Information:

*Technical Training:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other Training / Certificates:

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Person to notify in case of an emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Have you claimed Worker's Compensation Benefits within the past two years?: \_\_\_\_\_

*If yes:*

Year of claim: \_\_\_\_\_

Province of claim: \_\_\_\_\_

Is there any continuing disability that may affect your job performance due to this claim? \_\_\_\_\_

Your cooperation is required to answer the above question as completely as possible, so that as your employer, we may assign suitable work according to your present physical and medical abilities. We desire to ensure that Park Derochie Coatings Ltd. meets or exceeds the requirements of the Occupational Health & Safety legislation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward to:

Mail: **Park Derochie Coatings Ltd**  
11850-28th St. N.E.  
Edmonton, Alberta T6S 1G6  
Phone: 780-478-4688 Fax: 780-475-9832  
Email: info@ParkDerochie.com