

PO Box 48100
 Bedford, Nova Scotia
 B4A 3Z2
 Fax: (902) 835-3434

To assist in the proper assessment of your qualifications you are requested to complete this form carefully and in full detail.

PLEASE PRINT CAREFULLY

Last/Family Name	First Name	Telephone Number
Mailing Address		Postal Code

POSITION APPLYING FOR (If Operator, please specify type of gear)

NOTE: A PROVINCIAL DRIVER'S ABSTRACT MUST ACCOMPANY APPLICATIONS FOR DRIVERS POSITIONS.

Are you applying for: Full Time _____ Part Time _____ Summer _____

If hired, when would you be available for work? _____

Are you legally entitled to work In Canada? Yes _____ No _____

Do you have any restrictions regarding hours or days of work Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____ (current abstract may be requested)

Class _____ Air Brake? Yes _____ No _____ Is your license restricted? Yes _____ No _____

Do you have a Professional Driver Improvement Course? Yes _____ No _____

If hired, do you have reliable transportation to work? Yes _____ No _____

Were you previously employed by Municipal or it's affiliated companies? Yes _____ No _____

If Yes: Position: _____ Date: _____ Report to: _____

Would you accept employment anywhere in Nova Scotia? Yes _____ No _____

Would you accept employment outside of Nova Scotia? Yes _____ No _____

state preference(s) _____

Have you been convicted of a criminal offense for which you have NOT received a pardon?
 Yes _____ No _____ (if Yes, please provide details and applicable dates)

EXPERIENCE: (Begin with present or last position. If space is inadequate, please use a separate sheet)

EMPLOYER	POSITION HELD	FROM	TO	WAGE RATE	REASON LEFT

RELEVANT TRAINING (list in detail)	EXPIRY DATE

EQUIPMENT QUALIFICATIONS:						
EQUIPMENT	TYPE / MODEL	# OF YRS OPERATED & DATE LAST OPERATED		EQUIPMENT	TYPE / MODEL	# OF YRS OPERATED & DATE LAST OPERATED
Straight Truck				Boom Truck		
Tandem Truck				Excavator		
Tractor/End Dump				Asphalt Spreader		
Spray Truck				Dozer		
Water/Prime/Tack				Bobcat		
Tractor/Float				Backhoe		
Off Hwy Truck				Front End Loader		
Grader				Mobile Crane		
Other:				Other:		
Lifting Certificate? Yes _____ No _____			Traffic Control Certification? Yes _____ No _____			

EDUCATION:

Highest Grade successfully completed _____.

SCHOOL AND/OR ORGANIZATION	COURSE NAME

REFERENCES: (Must be completed in detail.)

NAME OF PERSON	COMPANY	POSITION / TITLE	TELEPHONE NUMBER

Almost all civil construction jobs require physical exertion and/ or manual dexterity (bending, twisting, climbing, lifting, shoveling, carrying, repetitive motion, hand-eye coordination, remaining in a stationary position for extended periods of time, working in different climates and working on uneven surfaces. Is there anything that would prevent you from carrying out these activities or working in these conditions?

Yes _____ No _____

Authorization to Release Information

In making this application for employment, I authorize the officers or employees of any former employer to furnish a complete history of my employment with their organization (references), together with any information they may have regarding my personal character, habits, ability, earnings, and the reason for leaving their employ. I further authorize any law enforcement agency, administrator, provincial agency, educational institution or private information bureau that has any record or knowledge of my employment history, motor vehicle operation history, criminal record, education, credit or other history or record to provide that information upon receipt of this signed release. A telephone facsimile (FAX) or photographic copy of this authorization shall be considered as valid as the original. I release all parties from all liability for any damage that may result from furnishing such information to this Company. Confidential information contained in this application includes criminal convictions, address, telephone number and social insurance number. All other information submitted on this application is non-confidential and may be used in the course of employee orientation.

CERTIFICATION

I certify that the information contained in this application or any other form related to my employment is true and complete to the best of my knowledge. I understand that false or incomplete statements shall be grounds for disqualification or dismissal from employment, no matter when discovered.

The Municipal Group of Companies is an Equal Opportunity Employer committed to diversity.

Applicant's Signature _____ Date: _____

Only those selected for an interview will be contacted.