

PO Box 48100  
 Bedford, Nova Scotia  
 B4A 3Z2  
 Fax: (902) 832-6331  
 www.dexter.ca

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

**PLEASE PRINT CAREFULLY**

<b>Last/Family Name</b>	<b>First Name</b>	<b>Telephone Number</b>
<b>Mailing Address</b>		<b>Postal Code</b>

**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.*