



**APPLICATION FOR EMPLOYMENT**

**Instructions**

Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility and qualifications for a position.

A separate application is required for each position/competition. Applications must be received by the date indicated in the advertisement.

An electronic version of this form is available at [www.sigmechanical.com](http://www.sigmechanical.com)

The personal information requested on this form is collected and managed as per applicable Privacy Legislation.

All information to us will be considered as supplied in confidence.

OFFICE USE ONLY  
DATE RECEIVED

**PERSONAL INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIALS \_\_\_\_

MOBILE TELEPHONE NO. \_\_\_\_\_

RESIDENCE TELEPHONE NO. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

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

**EDUCATION & TRAINING**

Please describe secondary, post-secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.

NAME OF INSTITUTION OR ORGANIZATION	YEAR TAKEN	AREA OF STUDY / COURSE	GRADE / CERTIFICATION / DIPLOMA / DEGREE	COMPLETED YES NO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ASSOCIATION / PROFESSIONAL AFFILIATIONS**

List any active memberships or registrations in a professional or career related organization or society.

\_\_\_\_\_

**WORK HISTORY**

Have you previously been employed by SIG  
Mechanica

NO  YES, indicate dates:

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the *major* duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required.

EMPLOYER AND LOCATION			FROM (YYYY / MM / DD)	TO (YYYY / MM / DD)
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO.	REASON FOR LEAVING		
POSITION HELD BY APPLICANT			SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS				

EMPLOYER AND LOCATION			FROM (YYYY / MM / DD)	TO (YYYY / MM / DD)
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO.	REASON FOR LEAVING		
POSITION HELD BY APPLICANT			SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS				

EMPLOYER AND LOCATION			FROM (YYYY / MM / DD)	TO (YYYY / MM / DD)
SUPERVISOR – REFERENCE	SUPERVISOR'S TELEPHONE NO.	REASON FOR LEAVING		
POSITION HELD BY APPLICANT			SALARY	NO. OF PEOPLE SUPERVISED – If applicable
DUTIES AND SKILLS				

**SKILLS / ACHIEVEMENTS**

Briefly summarize your knowledge and major skills / achievements which relate to the advertised position or, if this is a general application, to the position(s) that interests you. You may use this space to enter other information you would like us to consider in reviewing your application. Attach additional pages if required.

**REFERENCES**

Reference checks will be conducted to assess your past work performance and may include checks of attendance records.

In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

NAME	TELEPHONE NO.	RELATIONSHIP	NO.OF YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____

**APPLICANT SIGNATURE**

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).

Your authorization on this application form is your consent that as a condition of being considered for employment at SIG Mechanical Services references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete.

I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

SIGNATURE (If applying electronically please type your name as authorization)  
X

DATE SIGNED  
(YYYY / MM / DD)