

### We are Committed to a Safe & Healthy Workplace

Send all Replies in Confidence to our Human Resources Department. Email: [Careers@ArborCare.com](mailto:Careers@ArborCare.com) Fax: 403-272-1536

Position Being Applied For

Date Available to Begin Work

### PERSONAL INFORMATION

Last Name		First Name		Social Insurance Number	
Address			Apt Number	Home telephone Number	
City		Province	Postal Code	Business Number	
Are You Legally Eligible to Work in Canada		Yes	No		
<b>EDUCATION</b>					
<b>SECONDARY SCHOOL</b>			<b>BUSINESS, TRADE OR TECHNICAL SCHOOL</b>		
Highest Grade or Level Completed			Name of Course		Length of Course
Type of Certificate or Diploma Received			License, Certificate or Diploma Awarded?		Yes No
<b>COMMUNITY COLLEGE</b>			<b>UNIVERSITY</b>		
Name of Program		Length of Program		Major Subject	
Diploma Received?		Yes	No	Degree Awarded	
				Yes	No
				Pass	Honours
Other Courses, Workshops, Seminars			Licenses, Certificates, Degrees		
<b>INDUSTRY TRAINING</b>			<b>SAFETY TRAINING</b>		
Name of Program			WHIMIS	First Aid	Chainsaw Safety
ISA Certification		Licensed Pesticide Applicator		<b>VEHICLE EXPERIENCE</b>	
Journeyman Landscape		Certificate Awarded		Air Brake	Yes No
			Class of License		
<b>WORK RELATED EXPERIENCE</b>					
Stump Grinding		Brush Clearing		Tree Pruning	
Spraying		Forestry		Land Clearing	
				Utility Line Work	
				Landscaping	
Other Related Experience _____					
_____					
_____					
_____					

### EMPLOYMENT INFORMATION

Name and Address of Previous Employer	Previous Job Title	
	Period of Employment From _____ To _____	Final Salary
	Name of Supervisor	Telephone
Type of Business	Reason for Leaving	
Duties and Responsibilities		

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### PERSONAL REFERENCES

Name	Telephone	Known for How Long	Relationship to You
Address			
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Address			
Tell Us About Yourself _____ _____ _____			

I hereby declare that the foregoing information is true complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_