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[www.trottier.ca](http://www.trottier.ca)

**PLEASE READ AND SIGN THE DECLARATION FOR EMPLOYMENT LOCATED  
ON THE LAST PAGE OF THIS JOB APPLICATION**

Desired Position \_\_\_\_\_ Expected Salary \_\_\_\_\_ / hour

**PERSONAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
No. Street City Province Postal Code

Telephone  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

	Yes	No
Are you legally entitled to work in Canada?	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to work shifts (non-standard hours) if required?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid driver's license? (provide a copy)	<input type="checkbox"/>	<input type="checkbox"/>

Languages Spoken: French  English  Other: \_\_\_\_\_  
Languages Written: French  English  Other: \_\_\_\_\_

When are you available to start? : \_\_\_\_\_

## EDUCATION AND TRAINING

	Name & location of institution	Number of years completed	Field of Study	Grade/Diploma/Degree and year completed
High School/GED				
Commercial, Trade/Technical Training				
Undergraduate College/University				
Graduate/Professional				

## PROFESSIONAL QUALIFICATIONS/MEMBERSHIPS/LICENSES AND OTHER RELEVANT COURSES OR QUALIFICATIONS

	Yes	No	
Fall Protection	<input type="checkbox"/>	<input type="checkbox"/>	
WHMIS	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid	<input type="checkbox"/>	<input type="checkbox"/>	
JPO	<input type="checkbox"/>	<input type="checkbox"/>	
Security Clearance	<input type="checkbox"/>	<input type="checkbox"/>	Level: _____
CPR	<input type="checkbox"/>	<input type="checkbox"/>	Level: _____
Ontario Certificate of Qualification	<input type="checkbox"/>	<input type="checkbox"/>	Trade: _____
Québec Competency Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Trade: _____

Other: \_\_\_\_\_

## EXPERIENCE

Please identify the areas in which you have a **minimum of 6 months of experience.**

	Yes	No		Yes	No
Millwork	<input type="checkbox"/>	<input type="checkbox"/>	Wood, plastics and composites	<input type="checkbox"/>	<input type="checkbox"/>
Shop work	<input type="checkbox"/>	<input type="checkbox"/>	Wood stairs & railings	<input type="checkbox"/>	<input type="checkbox"/>
Suspended ceiling	<input type="checkbox"/>	<input type="checkbox"/>	Wood moulding and trim	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	Fire & smoke protection	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	Rough carpentry	<input type="checkbox"/>	<input type="checkbox"/>
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	Curtain walls	<input type="checkbox"/>	<input type="checkbox"/>
Structural steel framing	<input type="checkbox"/>	<input type="checkbox"/>	Pre-finish paneling	<input type="checkbox"/>	<input type="checkbox"/>
Structural wood framing	<input type="checkbox"/>	<input type="checkbox"/>	Windows	<input type="checkbox"/>	<input type="checkbox"/>
PC-350 aluminum framing	<input type="checkbox"/>	<input type="checkbox"/>	Glazing	<input type="checkbox"/>	<input type="checkbox"/>
Plaster	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>
Acoustic Treatment	<input type="checkbox"/>	<input type="checkbox"/>	Installation of drywall	<input type="checkbox"/>	<input type="checkbox"/>
Taping	<input type="checkbox"/>	<input type="checkbox"/>	T-Bar ceilings	<input type="checkbox"/>	<input type="checkbox"/>

Other: \_\_\_\_\_

(Use other side of this page if needed)

## PREVIOUS EMPLOYMENT

Name of Employer:

Address:

Position Held:

Phone:

Name of Supervisor:

Reason for Leaving:

Period Employed:

Hourly Salary:

From:

To:

Duties:

Name of Employer:

Address:

Position Held:

Phone:

Name of Supervisor:

Reason for Leaving:

Period Employed:

Hourly Salary:

From:

To:

Duties:

Name of Employer:

Address:

Position Held:

Phone:

Name of Supervisor:

Reason for Leaving:

Period Employed:

Hourly Salary:

From:

To:

Duties:

## DECLARATION

*I, the undersigned, attest that the information provided above is to my knowledge, accurate and complete. I understand and agree that any omission, false or misleading information may disqualify me from employment, or result in my dismissal.*

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

***Thank you for completing this application and for your interest in F. Trottier Construction Ltd.***