



- Application for:**
- Head Office
(Rocky View County)
 - Edmonton
 - Seattle

APPLICATION FOR EMPLOYMENT

Alamo is an equal opportunity employer. Applicants will receive consideration without discrimination because of race, creed, colour, sex, age, national origin or handicap.

Please complete form and email, fax or mail along with your resume for employment consideration.

PERSONAL INFORMATION

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
STREET ADDRESS:		APARTMENT/UNIT #:
CITY/TOWN:	PROVINCE/STATE:	POSTAL/ZIP:
CONTACT NUMBER:	PHONE	EMAIL:
	CELL	
POSITION APPLIED FOR:	DESIRED SALARY:	DATE AVAILABLE:
HOW DID YOU LEARN OF OUR GROUP OF COMPANIES?		
HAVE YOU PREVIOUSLY APPLIED TO WORK FOR US?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", WHEN AND WHAT POSITION?
ARE YOU OVER THE AGE OF 18? <small>(IF "NO", EMPLOYMENT IS SUBJECT TO VERIFICATION OF MINIMUM LEGAL AGE.)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN: <input type="checkbox"/> CANADA <input type="checkbox"/> USA
HAVE YOU BEEN CONVICTED OF A CRIME IN THE PAST 10 YEARS (EXCLUDING MISDEMEANOURS AND SUMMARY OFFENSES) WHICH HAS NOT BEEN ANNULLED OR EXPUNGED OR SEALED BY A COURT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", DESCRIBE IN FULL:
ARE THERE ANY REASONS FOR WHICH YOU MIGHT NOT BE ABLE TO PERFORM THE JOB DUTIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF "YES", EXPLAIN FULLY:
DO YOU HAVE A VALID DRIVER'S LICENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PROVINCE/STATE:

REFERENCES

Please list three professional references whom you have known at least one year and are not related to you.

REFERENCE 1		
FULL NAME:	RELATIONSHIP:	
COMPANY:	PHONE/CELL:	
ADDRESS:	EMAIL:	
REFERENCE 2		
FULL NAME:	RELATIONSHIP:	
COMPANY:	PHONE/CELL:	
ADDRESS:	EMAIL:	
REFERENCE 3		
FULL NAME:	RELATIONSHIP:	
COMPANY:	PHONE/CELL:	
ADDRESS:	EMAIL:	

EDUCATION

HIGH SCHOOL:		ADDRESS:	
FROM:	TO:	DID YOU GRADUATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DIPLOMA:			
COLLEGE/ UNIVERSITY:		ADDRESS:	
FROM:	TO:	DID YOU GRADUATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DEGREE:			
TRADE SCHOOL:		ADDRESS:	
FROM:	TO:	DID YOU GRADUATE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
CERTIFICATE:			

PREVIOUS EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

COMPANY 1:		PHONE:	
ADDRESS:		SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$	
RESPONSIBILITIES:			
FROM:	TO:	REASON FOR LEAVING:	
MAY WE CONTACT YOUR PREVIOUS EMPLOYER?		YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON IF "NO":

COMPANY 2:		PHONE:	
ADDRESS:		SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$	
RESPONSIBILITIES:			
FROM:	TO:	REASON FOR LEAVING:	
MAY WE CONTACT YOUR PREVIOUS EMPLOYER?		YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON IF "NO":

COMPANY 3:		PHONE:	
ADDRESS:		SUPERVISOR:	
JOB TITLE:	STARTING SALARY: \$	ENDING SALARY: \$	
RESPONSIBILITIES:			
FROM:	TO:	REASON FOR LEAVING:	
MAY WE CONTACT YOUR PREVIOUS EMPLOYER?		YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON IF "NO":

PREVIOUS EMPLOYMENT

I certify that the information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an Offer of Employment does not create a contractual obligation upon the employer to continue to employ me in the future. If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

SIGNATURE:	DATE:
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