

# Employment Application Form



# ANSAN

TRAFFIC CONTROL

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Last First Initial  
 Phone Number: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Are you legally entitled to work in Canada? Yes \_\_\_ No \_\_\_  
 Have you previously been employed by Ansan? Yes \_\_\_ No \_\_\_ If Yes, when? \_\_\_\_\_

Education: Level of last schooling completed: \_\_\_\_\_  
 Name of School: \_\_\_\_\_ Location of School: \_\_\_\_\_  
 Other relevant training completed: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Prov.: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_\_  
 Are you able and willing to submit a license extract: Yes \_\_\_ No \_\_\_

Do you have any medical condition which could affect your ability to perform the job?  
 Yes \_\_\_ No \_\_\_ If Yes, please describe: \_\_\_\_\_

Have you ever received W.C.B. benefits? Yes \_\_\_ No \_\_\_ If Yes, describe the injury and lost time: \_\_\_\_\_

Have you had a recent hearing examination? Yes \_\_\_ No \_\_\_ If Yes, do you have the results available? Yes \_\_\_ No \_\_\_

List here any skills and abilities that would enhance your ability to be hired by Ansan:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Employers (last five years):**

Position Held	From	To	Name of Employer	Describe job	Reason for Leaving

**Employment References:**

Name	Title	Employer	Telephone Number

May we contact the above references? Yes \_\_\_ No \_\_\_ If No, why? \_\_\_\_\_

I hereby certify that the above is correct and that all statements made are true. I agree and understand that any misstatement of material facts herein will forfeit my rights to any employment with Ansan Industries Inc.

Applicant's signature: \_\_\_\_\_