



EMPLOYMENT APPLICATION

APPLICANT INFORMATION:				
Last Name:		First Name:		Date:
Address:				
City:		Province:		Postal Code:
Home Phone:			Cell Phone:	
Email:			Date Available:	
Position Applied For:			Desired Wage/Salary:	
Are you a Canadian Citizen:		Yes	No	If not, are you authorized to work in Canada:
Have you ever worked for Alpine Glass Inc.:		Yes	No	If so, when:
Have you ever been convicted of a crime:		Yes	No	If yes, explain:
Do you hold a valid Class 5 AB Driver's License:		Yes	No	
Are you a registered Glazier Apprentice:		Yes	No	If yes, what level:
Are you a Journeyman Glazier:		Yes	No	If yes, since when:
Are you willing to participate with Drug & Alcohol testing:		Yes	No	
Are you willing to participate with Background Checks:		Yes	No	
<i>Is there anything that would prevent you from:</i>				
Lifting up to 100 lbs:		Yes	No	If yes, explain:
Working at heights:		Yes	No	If yes, explain:
Sitting for long periods of time:		Yes	No	If yes, explain:
Standing for long periods of time:		Yes	No	If yes, explain:
Bending or kneeling repetitively:		Yes	No	If yes, explain:
Lifting at shoulder or above shoulder height repetitively:		Yes	No	If yes, explain:
Working OT / Weekends / Shift work on occasion:		Yes	No	If yes, explain:
Working a CORE work week (Mon-Fri – 7:30 AM – 4:00 PM):		Yes	No	If yes, explain:
Working in the elements/weather all day, each day of the work week:		Yes	No	If yes, explain:

EDUCATION			
High School Name:			
From	To	Did you graduate:	Yes No
College/University Name:			
From	To	Did you graduate:	Yes No Degree/Diploma:
Technical/Vocational Name:			
From	To	Did you graduate:	Yes No Degree/Diploma:

PREVIOUS EMPLOYMENT	
Company Name:	Phone:
Address:	Supervisor:
Job Title:	
Responsibilities:	
From	To Reason for leaving:
May we contact your previous supervisory for a reference: Yes No	

Company Name:	Phone:
Address:	Supervisor:
Job Title:	
Responsibilities:	
From	To Reason for leaving:
May we contact your previous supervisory for a reference: Yes No	

Company Name:	Phone:
Address:	Supervisor:
Job Title:	
Responsibilities:	
From	To Reason for leaving:
May we contact your previous supervisory for a reference: Yes No	

REFERENCES*Please list three professional references (not relatives or friends – must be past supervisors/managers)*

Full Name:	Title:
Company:	Phone:
Full Name:	Title:
Company:	Phone:
Full Name:	Title:
Company:	Title:

LIST YOUR CERTIFICATES/TICKETS YOU HOLD WITH EXPIRY DATE

Ticket:	Expires:	Ticket:	Expires:
Ticket:	Expires:	Ticket:	Expires:
Ticket:	Expires:	Ticket:	Expires:
Ticket:	Expires:	Ticket:	Expires:
Ticket:	Expires:	Ticket:	Expires:

DISCLAIMER AND SIGNATURE

As a condition of my employment, I understand that I may be required to participate in Drug & Alcohol testing / Background checks. I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	Date:
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Did an Alpine Glass Inc. employee refer you to apply for this position? If yes, who:

PERSONNEL DEPARTMENT USE ONLY

Date of Interview:	
Starting Date:	Starting Rate:
Interviewed by:	