

EMCON SERVICES INC.
APPLICATION FOR EMPLOYMENT

NAME

TYPE OF WORK APPLIED FOR

MAILING ADDRESS

TELEPHONE NUMBER

CITY, PROV & POSTAL CODE

ALTERNATE CONTACT PHONE

DO YOU HAVE A DIRECT RELATIVE
EMPLOYED BY EMCON SERVICES INC.? YES NO
(if YES, or unsure, please provide their
name, position and relationship) _____

SOCIAL INSURANCE NUMBER

TYPE OF EMPLOYMENT DESIRED: FULL-TIME PART-TIME TEMP

ARE YOU PREPARED TO TRAVEL IN THE COURSE OF DUTIES? YES NO

IS YOUR ABILITY TO PERFORM YOUR DUTIES LIKELY TO BE AFFECTED BY A CURRENT OR
PREVIOUS ILLNESS OR DISABILITY? YES NO

IF YES, PLEASE PROVIDE DETAILS _____

EDUCATIONAL BACKGROUND (starting with highest level or grade attained)

NAME & LOCATION OF SCHOOL OR INSTITUTION	COURSE/PROGRAM MAJOR FIELD	CREDITS OR DEGREE ATTAINED	DATES
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SPECIAL COURSES: _____

ARE YOU A LICENSED PROFESSIONAL or TRADE JOURNEYMAN? _____
(If yes, please provide details and copy of certificates)

WORK EXPERIENCE

PRESENT (or last) EMPLOYER

DATES OF EMPLOYMENT

POSITION & DUTIES

REASON FOR LEAVING

SUPERVISORS NAME & PHONE #

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

POSITION & DUTIES

REASON FOR LEAVING

SUPERVISORS NAME & PHONE #

PREVIOUS EMPLOYER

DATES OF EMPLOYMENT

POSITION & DUTIES

REASON FOR LEAVING

SUPERVISORS NAME & PHONE #

IF YOU HAVE RELEVANT EMPLOYMENT HISTORY PREVIOUS TO THE ABOVE, PLEASE SUMMARIZE AND ATTACH.

MAY WE CONTACT YOUR PRESENT AND/OR PREVIOUS EMPLOYERS? YES NO

The undersigned acknowledges that the foregoing statements and information fully and truthfully set forth the true and accurate personal information of the applicant as of the date hereof. The undersigned further acknowledges that for the purposes of determining the suitability of the undersigned for the position applied for, an investigation may be made with respect to relevant information. The undersigned hereby consents to Emcon Services Inc. or its affiliates or agents collecting and retaining such information and conducting further investigations with respect to relevant information. The undersigned further consents to the updating of this information from time to time, as necessary.

SIGNATURE

DATE

**** PLEASE ATTACH A PHOTOCOPY OF YOUR DRIVER'S LICENCE AND A CURRENT DRIVER ABSTRACT (updated in the current month).**

DATE AVAILABLE (OR NOTICE REQ'D): _____

****THIS APPLICATION WILL EXPIRE IN 60 DAYS****