

APPLICATION FOR EMPLOYMENT



Interested in joining our team?

If so, please complete this form and email to:

david@arsenaultbros.com OR

Drop off to: 75 W.B. MacPhail Dr | Cornwall PE | COA 1H5

Personal Information (To be kept confidential on file at Arsenault Bros. office for 6 months after received)		
Full Name:	Date Submitted:	
Current Address:	Telephone Number:	
Email Address:	Please check your desired workload: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal	
Do you currently hold a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Class of license?	Do you have a reliable method of daily transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please check the locations you would be willing to work: <input type="checkbox"/> Charlottetown <input type="checkbox"/> Summerside <input type="checkbox"/> All of PEI <input type="checkbox"/> Nova Scotia <input type="checkbox"/> New Brunswick <input type="checkbox"/> Newfoundland	Available start date:	Are you a member of a Union? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Union?
Education (Please list education levels and programs completed or in progress):		
Employment Experience (Please indicate previous and current employment, & attach a resume if preferred)		
1	Employer:	Job Title:
	Dates:	Rate of Pay:
	Summary of Duties:	
2	Employer:	Job Title:
	Dates:	Rate of Pay:
	Summary of Duties:	
3	Employer:	Job Title:
	Dates:	Rate of Pay:
	Summary of Duties:	
Safety Training (Please check your completed training. Add any additional tickets to reverse side of this page)		
WHIMIS <input type="checkbox"/> Yes <input type="checkbox"/> No	Scissor Lift <input type="checkbox"/> Yes <input type="checkbox"/> No	Scaffolding <input type="checkbox"/> Yes <input type="checkbox"/> No
First Aid/CPR <input type="checkbox"/> Yes <input type="checkbox"/> No	Fall Protection <input type="checkbox"/> Yes <input type="checkbox"/> No	Powder Actuated Tools <input type="checkbox"/> Yes <input type="checkbox"/> No
References (Please list at least one work-related reference)		
Name of Reference:	Phone Number or Contact Info:	Relationship to you:
Name of Reference:	Phone Number or Contact Info:	Relationship to you:

Thank you for your interest! Only those applicants selected for interviews will be contacted.