



APPLICATION FOR INDUSTRY TRAINING PROJECT

Personal Information

Name
Address
City
Province
Postal Code
Phone Number
Email Address
Are you legally eligible to work in Canada?
If selected for employment are you willing to submit to a background check?

Position

Position you are applying for
Available start date
Employment Desired
Have you ever been employed by our Company?

Employment Equity

We are committed to Employment Equity and encourages applications from Women, Aboriginal People, Members of Visible Minorities and Persons with Disabilities. We encourage you to self identify and check one or more of the following boxes.

Status:
First Nations
Metis
Female
Persons with Disabilities
Visible Minority

Band: _____

Skills

List mining skills & mining equipment you are familiar with and a brief description of any other courses, skills or experience acquired:

Interests or Activities:

Do you hold any current first aid certificate(s)?

Yes No If yes, what type(s)? Emergency Standard C.P.R. Advanced Instructor

Do you hold a valid Driver's License? Yes No Class _____

Please include a resume with the completed application form and fax to the Northern Manitoba Sector Council at 1-833-790-5331 OR scan and email to lsimon@nmscouncil.ca OR apply on line @ nmscouncil.ca

If you require further information, please contact: Lori Simon (204) 271-2684

Education

School Name	Location	Level Completed	Major of Study (if applicable)		

Type of Trade Certificate Held (if any):	Province	Ticket No:	Class	Date Issued	Expiry Date

Employment History

Employer	Job Title	Period of Employment
Address	City/Province	Phone Number

Employer	Job Title	Period of Employment
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References (business or professional only – direct supervisor preferred)

Name	Address	Phone	Occupation

Signature Disclaimer

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 employment being terminated.

Name (please print)	Signature
Date	