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 |  |  |  |  | GovMB_Logo_cmyk_300dpi**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?** |
| **Yes** | [ ]  | **No** | [ ]  |   | **Yes** | [ ]  | **No** | [ ]  |   |   |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Position** |
| **Position you are applying for** | **Available start date** |
|   |       |
| **Employment Desired** | **Have you ever been employed by our Company?** |
| **Full time** | [ ]  | **Part time/Casual** | [ ]  | **Student** | [ ]  | **Yes** | [ ]  | **No** | [ ]  |  **If yes, when:** |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **You must include a resume with your completed application form:****FAX to: Northern Manitoba Sector Council @ 1-204-627-8600 OR** **Apply online @** [**nmscouncil.ca**](http://nmscouncil.ca/) and E-mail to: **slidbetter@nmscouncil.ca**If you require further information, please contact: Sharon @ 204.620.0702 - Project Coordinator**APPLICATION DEADLINE WITH RESUME IS: 10SEPTEMBER2020 @ 4:00pm** |
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| **Education** |
| **School Name** | **Location** | **Level Completed** | **Major of Study (if applicable)** |
|        |        |        |        |
|        |        |        |        |
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| **Type of Trade Certificate Held (if any):** | **Province** | **Ticket No:** | **Class** | **Date Issued** | **Expiry Date** |
|       |       |       |       |       |       |
| **Type of Trade Certificate Held (if any):** | **Province** | **Ticket No:** | **Class** | **Date Issued** | **Expiry Date** |
|       |       |       |       |       |       |
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| **Employment History** |
| **Employer**  | **Job Title** | **Period of Employment** |
|        |        |        |
| **Address** | **City/Province** | **Phone Number** |
|        |        |        |
|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| **Employer**  | **Job Title** | **Period of Employment** |
|        |        |        |
| **Address** | **City/Province** | **Phone Number** |
|        |        |        |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Employer**  | **Job Title** | **Period of Employment** |
|        |        |        |
| **Address** | **City/Province** | **Phone Number** |
|        |        |        |
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| **References (business or professional only – direct supervisor preferred)** |
| **Name** | **Address** | **Phone** | **Occupation** |
|        |        |        |        |
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| **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** |
|        |