



MAINTENANCE AND CONSTRUCTION SKILLED TRADES COUNCIL
EMPLOYEE APPLICATION

NAME: LAST: _____
FIRST: _____
SECOND: _____

ADDRESS: _____
APT #: _____
P.O BOX: _____
CITY: _____
PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: _____
CELL PHONE: _____
PAGER: _____
SOCIAL INSURANCE #: _____

TRADE: _____ UNION: _____

JOURNEY PERSON CERTIFICATE OF QUALIFICATION NUMBER:

OR APPRENTICESHIP TERM

ADDITIONAL CERTIFICATION:

DRIVERS LICENCE NUMBER: _____

TYPE OF DRIVERS LICENCE: _____

WILLING TO USE OWN VEHICLE ON JOB: _____