



MAINTENANCE & CONSTRUCTION SKILLED TRADES COUNCIL

Employee Application

First Name: _____

Last Name: _____

Address: _____ Apt#: _____

City: _____ Postal Code: _____

Phone: _____ Cell: _____

Social Insurance Number: _____

Trade: _____ Union: _____

Journey Person Certificate of Qualification Number:

OR Apprenticeship Term: _____ Apprenticeship Hours: _____

Ontario College of Trades Membership Number: _____

Additional Certification: _____

Driver's License Number: _____

Type of Driver's License: _____ Willing to Use Own Vehicle on Job: _____