



### Employment Application

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Driver's License \_\_\_\_\_ If Yes, what class \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a LNIB Member? YES  NO  Have you ever worked for LNIB? YES  NO

#### Education

High School Diploma: YES  NO  Trades: \_\_\_\_\_

Post-Secondary: YES  NO  \_\_\_\_\_

List of Tickets if any(first aid etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Previous Employment

Company: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Company: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Please attach resume (if you have one). The personal information collected in this form will be used only for the purposes of assessing suitability for employment with LNIB.