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(902)538-3275 Toll Free: 1-855-538-3275

Howard

**LITTLE**  
Excavating Ltd.

## APPLICATION FOR EMPLOYMENT

PERSONAL DATA				
Family Name:		First Name & Initials:		
Home Phone:	Cell Phone:	Alternate Phone (Messages):		
Home Address:				
Mailing Address (if different than above):				
SIN #:		Email Address:		
Are you legally entitled to work in Canada? (Circle One) YES NO	Have you ever been convicted of a felony or misdemeanor, including driving under the influence of intoxicants? YES NO If Yes, list date(s) and offence(s):			
PLACEMENT INFORMATION				
Position you are Applying For:		Salary Expected:		
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	Date Available For Work:
Have you ever been employed by Howard Little Excavating Ltd? (circle one)		YES	NO	
IF YES, STATE WHEN AND REASON FOR LEAVING:				
Relate your work experience, skills, demonstrated achievements (including voluntary work) and any other information that qualifies you for the position you are applying for:				

SEE REVERSE 

## QUALIFICATIONS

Highest Level of Education completed and where:	Degrees/Specialization:
List any training, courses completed, trade licenses and/or certificates you possess:	
If required, do you have: <input type="checkbox"/> Automobile <input type="checkbox"/> Tools <input type="checkbox"/> Safety Equipment	
Driver's License: <input type="checkbox"/> YES <input type="checkbox"/> NO    Class or Type:	

## EMPLOYMENT HISTORY

Present/Last Employer:	Start Date (mm/dd/yyyy):
Address:	End Date (mm/dd/yyyy):
Job Title & Description of Work and Responsibilities:	
Reason For Leaving:	
Previous Employer:	Start Date (mm/dd/yyyy):
Address:	End Date (mm/dd/yyyy):
Job Title & Description of Work and Responsibilities:	
Reason For Leaving:	
Previous Employer:	Start Date (mm/dd/yyyy):
Address:	End Date (mm/dd/yyyy):
Job Title & Description of Work and Responsibilities:	
Reason For Leaving:	

## REFERENCES

Name	Position Title & Organization	Address & Telephone Number

I hereby certify that the foregoing information is true and complete to the best of my knowledge.  
 I understand that a false statement may disqualify me from employment, or cause my dismissal.

X

\_\_\_\_\_  
 Signature

Date: \_\_\_\_\_