



B.C. RAPID TRANSIT COMPANY LTD.

6800 14th AVENUE
BURNABY BC V3N 4S7
TELEPHONE: (604) 520-3641
FAX: (604) 521-2818

Date _____

<i>For Employer's Use Only</i>	
<i>Date Received</i>	_____
<i>Date Acknowledged</i>	_____
<i>Code</i>	_____

EMPLOYMENT APPLICATION

POSITION DESIRED 1. _____
2. _____

DATE AVAILABLE _____

PERMANENT F/T _____ TEMPORARY F/T _____ SUMMER _____ OTHER _____

PERMANENT P/T _____ TEMPORARY P/T _____

SKYTRAIN IS A 24 HOUR OPERATION: ARE YOU AVAILABLE TO WORK SHIFT WORK, INCLUDING WEEKENDS? YES NO

HAVE YOU EVER BEEN EMPLOYED BY BCRTC? YES NO IF YES: FROM: _____ TO: _____

HAVE YOU APPLIED TO BCRTC PREVIOUSLY? YES NO

IF "YES", WHEN AND FOR WHAT POSITION(S): _____

HAVE YOU EVER PARTICIPATED IN A BCRTC SELECTION PROCESS? YES NO

IF YES, WHEN _____

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES NO

IF REQUIRED, ARE YOU BONDABLE? YES NO

PERSONAL BACKGROUND

NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(Number & Street)

(City) (Province) (Postal Code)

PHONE # (H): _____ PHONE # (O): _____

MESSAGES/OTHER: _____

QUALIFICATIONS

SCHOOLS ATTENDED	NAME OF SCHOOL	LOCATION	NO. YRS	GRADUATED			DIPLOMA & SPECIALIZATION
				YES	NO	YEAR	
HIGH SCHOOL							
COLLEGE or UNIVERSITY							
OTHER							

CERTIFICATES HELD (I.E. FIRST AID, RADIO COMMUNICATION, CONFLICT RESOLUTION ETC.)				
CERTIFICATE	WHERE OBTAINED	DATE OBTAINED	EXPIRY DATE	WHERE UTILIZED

TRADE CERTIFICATES	TRADE	PROVINCIAL TICKET				INTERPROVINCIAL TICKET			
		Province	Ticket No.	Date Issued	Expires	Province	Ticket No.	Date Issued	Expires
		1.							
2.									

HEAVY EQUIPMENT OPERATED (Make and Model)	No. YRS.	MOS.	HEAVY EQUIPMENT OPERATED (Make and Model)	No. YRS.	MOS.

COMPUTER KNOWLEDGE/PROGRAMS	NO. YRS	MONTHS	WHERE UTILIZED

OTHER SKILLS (Languages, Typing Speed, Schematics, Blueprint Reading, etc.) _____ _____ _____ _____ _____ _____
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EMPLOYMENT HISTORY

<p>COMPANY: _____</p> <p>LOCATION: _____</p> <p>POSITION: _____</p> <p>FROM: _____ TO: _____</p> <p>RESPONSIBILITIES: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>DIRECT SUPERVISOR: _____</p> <p>TELEPHONE # _____</p> <p>MAY WE REFER TO HIM/HER: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>FOLLOWING INTERVIEW ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WERE YOU TERMINATED OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>NUMBER OF HOURS WORKED PER WEEK: _____</p> <p>F/T <input type="checkbox"/> P/T <input type="checkbox"/> WEEKENDS <input type="checkbox"/></p> <p>DAY SHIFT <input type="checkbox"/> AFTERNOON SHIFT <input type="checkbox"/> NIGHT SHIFT <input type="checkbox"/></p>
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VOLUNTEER WORK

ORGANIZATION: _____
LOCATION: _____ TELEPHONE #: _____
POSITION/ROLE: _____ DIRECT SUPERVISOR: _____
FROM: _____ TO: _____ HRS VOLUNTEERED EACH MONTH: _____

ORGANIZATION: _____
LOCATION: _____ TELEPHONE #: _____
POSITION/ROLE: _____ DIRECT SUPERVISOR: _____
FROM: _____ TO: _____ HRS VOLUNTEERED EACH MONTH: _____

ADDITIONAL INFORMATION

WHAT DO YOU KNOW ABOUT BC RAPID TRANSIT CO. AND THE POSITION YOU ARE APPLYING FOR? _____

PLEASE USE THIS SPACE FOR ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SUBMIT: _____

PLEASE READ CAREFULLY BEFORE SIGNING: I hereby authorize investigation of all statements in this application, and understand that any false statement by me will prevent my employment or may be cause for dismissal if hired. If a job offer is made I agree to submit myself for a pre-employment health examination and periodic health examinations thereafter if employed. I also agree to abide by all the General and Safety rules of the Company including the wearing of safety glasses, hard hat, safety toe footwear or other safety apparel as the job may require.

SIGNATURE OF APPLICANT: _____

DATE: _____