



TREATY ONE Naawi-Oodena Workforce Initiative
DEVELOPMENT CORPORATION **JOB APPLICATION**

103-1075 Portage Avenue
Winnipeg, MB R3G 0R8
(204) 783-311

Name: _____ Home Address: _____
 Date of Birth: _____ / _____ / _____ City or Town: _____
 Home Phone Number: _____ Postal Code: _____
 Mobile Phone Number: _____
 Email Address: _____

EMERGENCY CONTACT

What is the job position you are applying for: _____
 Name: _____
 Relation: _____
 Cell Phone: _____
 Home Phone: _____

Do you identify as an Indigenous person? If yes please select from the following:
 Status First Nations Non-Status First Nations Inuit Métis Other If other please specify: _____
 Which Community Are you Registered Under: _____

Please Check off Your Experience in These Fields:

<input type="checkbox"/> Rebar Iron Worker	<input type="checkbox"/> Heavy Equipment Operator	<input type="checkbox"/> Carpenter
<input type="checkbox"/> Labourer (Concrete & Asphalt)	<input type="checkbox"/> Truck Driver Class: _____	<input type="checkbox"/> Concrete Finisher
<input type="checkbox"/> Electrician	<input type="checkbox"/> Survey Rod Man	<input type="checkbox"/> Welder
	<input type="checkbox"/> Plumber	<input type="checkbox"/> Flooring

Is Your Construction Experience in: Residential Commercial How Many Years? _____
 Have you obtained apprenticeship or journeyperson certification? Yes No
 If yes: Trade: _____ Level: _____

Other Information:

- Do you have a valid driver's license? If No, Please Specify Why: _____ Yes No
- Do you have your own transportation? Yes No
- Are you able to travel outside of the City for work-related purposes? Yes No
- Do you have any physical limitations requiring special accommodations (E.g., dust, allergies)? Yes No
- Are you able to perform all duties of the position for which you are applying? Yes No

Do you have any prior medical conditions that would make it difficult for you to perform physically demanding work? If so, kindly explain which assigned duties you are unable to complete: _____

Certifications: (Indicate date of expiry date for valid certification only)

<u>Mandatory Certification</u>	<u>Expiry Date</u> (yyyy/mm/dd)	<u>Expiry Date</u> (yyyy/mm/dd)
Aerial Work Platform	_____	First Aid _____
Confined Space	_____	WHMIS _____
Fall Arrest	_____	Zoom Boom _____
<u>Other Certification</u>	<u>Expiry Date</u> (yyyy/mm/dd)	<u>Expiry Date</u> (yyyy/mm/dd)
Flag Person	_____	Skid Steer _____
Propane/Heater	_____	Swing Stage _____
Rigging	_____	Traffic Coordinator _____

The information supplied in this document will remain strictly confidential between the applicant and this company. We will not disclose personal employee information to any other third party unless we provide our employees with prior notification. Our personal employee information is safeguarded to prevent access, use, or disclosure by unauthorized personnel.

Be aware of non-compliance with general contractor's drug, alcohol and other policies which may result in termination of employment.

I certify that the information contained in this application is correct. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

Applicant Name: _____
 Applicant Signature: _____ Date: _____

Applications can be dropped off or mailed to:
103-1075 Portage Ave
Winnipeg, MB R3G 0R8
From 8:30 am - 4:30 pm on Monday - Friday

Or submitted by Email: NOWI@treaty1.ca