

Wiebel Aerospace Inc.

PO Box 70

175 Greenwood Drive

Summerside P.E.I. C1N 4P6

Phone: (902) 888-1615

Fax: (902) 888-2008

APPLICATION FOR EMPLOYMENT

We consider applicants without regard to age, race, colour, creed, ancestry, origin, sex, sexual orientation, marital status, family status, record of offences, handicap, or other protected status.

PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE NAME	
PRESENT ADDRESS					
CITY		PROVINCE		POSTAL CODE	
HOME TELEPHONE Area Code ()		BUSINESS TELEPHONE Area Code ()		ARE YOU EMPLOYED NOW?	
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?		HAVE YOU WORKED HERE BEFORE? IF YES, WHEN?			
IF HIRED, WHEN CAN YOU START WORK?		DO YOU KNOW ANYONE THAT WORKS HERE? IF SO WHOM?			
ARE YOU ABLE TO WORK SHIFT WORK IF REQUIRED?		DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK?			
WHAT IS YOUR EXPECTED RATE OF PAY?		DO YOU WANT TO WORK - FULL-TIME PART-TIME TEMPORARY			
WHAT TYPE OF WORK ARE YOU INTERESTED IN DOING?					

EDUCATION

	ELEMENTARY SCHOOL					SECONDARY SCHOOL					COLLEGE OR UNIVERSITY					GRADUATE OR PROFESSIONAL				
YEAR LAST ATTENDED																				
LEVEL COMPLETED	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	1	2	3	4	5
CERTIFICATES, DIPLOMAS, DEGREES OBTAINED																				
COURSE OF STUDY																				
LIST ANY SPECIALIZED TRAINING, APPRENTICE SKILLS, AWARDS, PROFESSIONAL DESIGNATIONS, AND OTHER EDUCATION																				
<i>Education levels achieved and degrees obtained are subject to verification if an offer of employment is extended.</i>																				

WORK HISTORY (LIST IN ORDER STARTING WITH YOUR PRESENT OR LAST JOB)

Please fill in all available information even if the information is on your resume.

PRESENT OR LAST EMPLOYER		ADDRESS			
TYPE OF BUSINESS		Phone #			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr)	To (Mo/Yr)	FINAL SALARY	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING			
DESCRIBE JOB DUTIES AND RESPONSIBILITIES					
PREVIOUS EMPLOYER		ADDRESS			
TYPE OF BUSINESS		Phone #			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr)	To (Mo/Yr)	FINAL SALARY	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING			
DESCRIBE JOB DUTIES AND RESPONSIBILITIES					
PREVIOUS EMPLOYER		ADDRESS			
TYPE OF BUSINESS		Phone #			
YOUR JOB TITLE	PERIOD EMPLOYED	From (Mo/Yr)	To (Mo/Yr)	FINAL SALARY	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING			
DESCRIBE JOB DUTIES AND RESPONSIBILITIES					
MAY WE CONTACT YOUR PRESENT OR LAST EMPLOYER FOR REFERENCE?	YES	NO	MAY WE CONTACT YOUR PREVIOUS EMPLOYERS FOR REFERENCE?	YES	NO

To determine eligibility for training allowances, have you received unemployment benefits within the last three years? Yes No

PLEASE READ CAREFULLY

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of the Company, including serving an initial probationary period.

Applicant Signature _____ Date _____