



Company Name:	Dates Employed		Major Duties/Responsibilities	Reasons for Leaving
	From	To		
Address:				
Job Title				
Salary/Wage				
Direct Supervisor: Title				
Name				
Contact #				

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EDUCATION

Type	Institution Name and Location	Full Time/ Part Time	Area of Study	Grade/Diploma/ Degree	Dates	
					From Month/Year	To Month/Year
High School						
Vocational/ Technical						
College						
University						



WORK RELATED SKILLS (Licences, certificates etc. held)

REFERENCES

For each of your past five employers, name at least one supervisor or manager who is familiar with your work and who you authorize an Integrated Construction Concepts' representative to contact concerning your past employment record.

Name	Phone Number	Occupation

DECLARATION

As a condition of my employment, I agree to the following:

1. I declare the information given by me in this application for employment is an accurate statement of the facts.
2. I authorize investigation from any source, such factual work and medical related information as may be connected with my application for employment.
3. I understand that any misrepresentation of facts shall be cause for dismissal.
4. In the event of my employment I agree to abide by all Company work related rules, regulations, and policies.

Signature: _____

Name: _____

Date: _____

Please email or fax this application to ICC:

Email: info@icconcepts.ca

BC Fax: 604.599.0716

Alberta Fax: 780.464.0090