

APPLICATION FOR EMPLOYMENT

PLEASE PRINT OR TYPE



TRITON MARINE GROUP INC.

3440 Bridgeway Street
 Vancouver, BC V5K 1B6
 Phone : (604) 294-4444
 Fax : (604) 294-5879

| | |
|----------------------|----------------|
| POSITION APPLIED FOR | EXPECTED WAGES |
| | DATE AVAILABLE |

| | | | |
|--|------------|--------|--------------------------|
| SURNAME | FIRST NAME | MIDDLE | TELEPHONE |
| ADDRESS | STREET | CITY | PROVINCE |
| | | | POSTAL CODE |
| ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA | | | YES G NO G |

EDUCATION RECORD

| | School Name | Subject | Degree Awarded |
|------------------------------------|-------------|---------|---|
| HIGH SCHOOL | | | YES G NO G <small>Type Title</small> |
| BUSINESS TRADE OR TECHNICAL SCHOOL | | | YES G NO G <small>Type Title</small> |
| COMMUNITY COLLEGE | | | YES G NO G <small>Type Title</small> |
| UNIVERSITY | | | YES G NO G <small>Type Title</small> |

ADDITIONAL COURSES, SEMINARS, WORKSHOPS

DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR.

EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)

| | | | |
|--------------------|------------------|-------------|---------------------------|
| COMPANY NAME | FROM | LAST SALARY | JOB TITLE |
| ADDRESS | TO | \$ | DUTIES / RESPONSIBILITIES |
| | TYPE OF BUSINESS | | |
| REASON FOR LEAVING | SUPERVISOR | | |
| COMPANY NAME | FROM | LAST SALARY | JOB TITLE |
| ADDRESS | TO | \$ | DUTIES / RESPONSIBILITIES |
| | TYPE OF BUSINESS | | |
| REASON FOR LEAVING | SUPERVISOR | | |
| COMPANY NAME | FROM | LAST SALARY | JOB TITLE |
| ADDRESS | TO | \$ | DUTIES / RESPONSIBILITIES |
| | TYPE OF BUSINESS | | |
| REASON FOR LEAVING | SUPERVISOR | | |

| | | | |
|--|-------------|--|----|
| HAVE YOU EVE BEEN EMPLOYED BY THIS COMPANY BEFORE? | | WHAT SOURCE REFERRED YOU TO THIS COMPANY | |
| YES G | NO G | IF YES FROM | TO |
| WHAT WAS YOUR POSITION WHEN YOU LEFT? | | WILL YOU WORK SHIFT WORK? YES G | |
| | | NO G | |

| | |
|---------------------------------------|---|
| MAY WE CONTACT YOUR PRESENT EMPLOYER? | ARE YOU WILLING TO RELOCATE? (ANSWER ONLY IF JOB RELATED) |
| YES G | YES G |
| NO G | NO G |
| | PREFERRED LOCATIONS _____ |

OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS:
(DO NOT LIST CLUBS OR ORGANIZATIONS OF A RELIGIOUS, RACIAL POLITICAL CHARACTER)

| |
|--|
| |
| |
| |

REFERENCES

| | | | |
|---|------------|---------|---------------------|
| LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS) | | | FOR OFFICE USE ONLY |
| 1 | NAME | ADDRESS | |
| | OCCUPATION | | |
| 2 | NAME | ADDRESS | TELEPHONE |
| | OCCUPATION | | |

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

Signature

DATE

| FOR OFFICE USE ONLY | |
|---------------------|--|
| COMMENTS | |
| | |
| | |
| | |
| INTERVIEWER | |

THIS SECTION IS TO BE COMPLETED ONLY IF THE APPLICANT HAS BEEN HIRED

| | | | | | | | |
|----------------------------------|------------|---------------|-----------|----------|--------|--------|---------------------------|
| IN CASE OF EMERGENCY NOTIFY NAME | | | | | | | |
| ADDRESS | | | | | | | TELEPHONE |
| FAMILY DOCTOR | | | | | | | TELEPHONE |
| DATE HIRED | DEPARTMENT | STARTING DATE | REG. HOUR | POSITION | D.O.B. | S.I.N. | DATE EMPLOYMENT COMMENCED |
| | | | | | | | |