



PERSONAL WORK HISTORY
MARINE WORKERS & BOILERMAKERS INDUSTRIAL UNION LOCAL No. 1

NAME:	Last	First	Telephone number ()	
ADDRESS: Include Postal Code	Street -----		City & Postal Code -----	
EMAIL ADDRESS:				
DATE OF BIRTH:	Month/Day/Year / /			
EDUCATION	School	Address	Highest Level	Year complete
	Include highest level achieved, any specialized training, etc.			
APPRENTICESHIP	TRADE:			Completed Yes <input type="checkbox"/> No <input type="checkbox"/>
	SCHOOL:			
Are you a member of another trade union?	Yes <input type="checkbox"/> If yes, what union? No <input type="checkbox"/> _____			
EMPLOYMENT HISTORY:	Current/Last Employer	Previous Employer	Previous Employer	
Company Name				
Address				
Phone Number				
Start date/End Date	TO	TO	TO	
EMPLOYER NAME: Reference PHONE:				
PLEASE TURN OVER TO COMPLETE FORM.				

Trade Qualifications

WELDERS PIPE <input type="checkbox"/> ALUMINUM <input type="checkbox"/>	A LEVEL <input type="checkbox"/> B LEVEL <input type="checkbox"/> C LEVEL <input type="checkbox"/>	CWB SMAW YES <input type="checkbox"/> ALL POSITION YES <input type="checkbox"/> NO <input type="checkbox"/>	CWB FCAW YES <input type="checkbox"/> ALL POSITION YES <input type="checkbox"/> NO <input type="checkbox"/>
PAINTERS			
RIGGERS			
REPAIR FITTERS			
FABRICATORS			
LIST ALL OTHER CURRENT TICKETS			

Do you possess any certificates?

Confined Space? Yes No First Aid Yes No

Manlift Yes No

WHMIS Yes No

Rigger Yes No

Please provide us with copies of certificates.

How would your previous employer rate you when reference checked?

	Excellent	Good	Fair	Other (explain)
ATTENDANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PUNCTUALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRODUCTIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SELF STARTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RESPECTFUL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NO CELL PHONE USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND AUTHORIZE MWBIU TO VERIFY REFERENCES PROVIDED.

Signature: _____

Date: _____