

Ace Manufacturing Metals Ltd.

Date: _____

Personal Information:

Name _____ Social Insurance No. _____

Address _____

Phone Number _____ or _____

Do you have a Valid Driver's License? _____ Class _____

Do you have your own Transportation? _____

Position you are applying for _____ Date you can start _____

Expected salary _____

Are you Employed now? _____ May we contact your employer? _____

Education:

Last School Attended _____ Date completed _____

Grade/Diploma/Certificate achieved _____

Last Employer:

Employer _____ Dates of Employment _____

Address _____ Phone Number _____

Salary _____ Position _____

Reason for Leaving _____

Reference:

Name _____ Years Acquainted _____

Business _____ Phone Number _____

Please use the following space if you have any additional comments or if you have any physical limitations that may affect your ability to perform the job which you are applying for _____

Please complete and return via E-mail to human.resources@acemfg.com or fax at (780) 352-7147