

Mechanical Contractors Association of Hamilton
APPLICANT'S EMPLOYMENT EXPERIENCE



(Please indicate all full-time, seasonal or part-time employment)

Employer: _____

Name

Address: _____

No.

Street

City/Town

Province

Postal Code

Job Title: _____

Major Duties: _____

From/To: _____

Start Date

Termination Date

Reason for leaving: _____

Employer: _____

Name

Address: _____

No.

Street

City/Town

Province

Postal Code

Job Title: _____

Major Duties: _____

From/To: _____

Start Date

Termination Date

Reason for leaving: _____

Date: _____ Signature: _____

PLEASE NOTE, DUE TO CANADA'S PRIVACY ACT, WE ARE REQUIRED TO ACQUIRE YOUR PERMISSION TO STORE DOCUMENTATION AND PHOTOGRAPHS THAT MAY COME INTO OUR POSSESSION THROUGH YOUR APPLICATION WITHIN THIS SCHOLARSHIP PROGRAM. THE COMPLETION OF THE APPLICATION, EMPLOYMENT EXPERIENCE AND SIGNATURE OF APPLICANT, SIGNIFIES PERMISSION HAS BEEN GRANTED.

(For further information on this act, visit http://www.privcom.gc.ca/legislation/index_e.asp)

Please forward together with the official transcript of your marks, completed application form, resume, experience and a written submission outlining why you are deserving of consideration; include any supporting material and outline your extra-curricular or community activities, on or before July 6, 2017 to:

Mechanical Contractors Association of Hamilton
370 York Boulevard, Suite 105, Hamilton ON, L8R 3L1

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Date Received : _____ MCAH Signature: _____