

CANMAR

CanMar Contracting Limited is a general contracting company based in Toronto, Ontario.

At CanMar, we provide services to a variety of clients such as the government agencies, as well as the commercial, public and private sectors.

Our wide range of services include:

- **Parking Structure Rehabilitation:**
 - Hydrodemolition
 - Structural Slab Replacement
 - Traffic Topping Application
 - Expansion Joint Installation
 - Electrical and Mechanical Systems
 - Painting and Protective Coatings
 - Deck Waterproofing Systems
 - Chemical Injection
- **Building Envelope Restoration:**
 - Precast Panel Repairs
 - Caulking Application
 - Architectural and Elastomeric Coatings
 - Masonry and Balcony Repairs
- **Railings / Window and Door Systems**
- **Bridge Deck Expansion Joint Systems**
- **Retail Store Retrofits**

In addition, CanMar specializes in areas such as post-tension cable repairs, balconies, and total structural slab removal and replacement.

CanMar is dedicated to preserving our client's concrete structure by restoring its structural integrity, weather-resistance, functionality and aesthetics.

CANMAR
CONTRACTING LTD.

169 City View Drive, Toronto, ON M9W 5B1
416.674.8791 tel
416.674.7956 fax

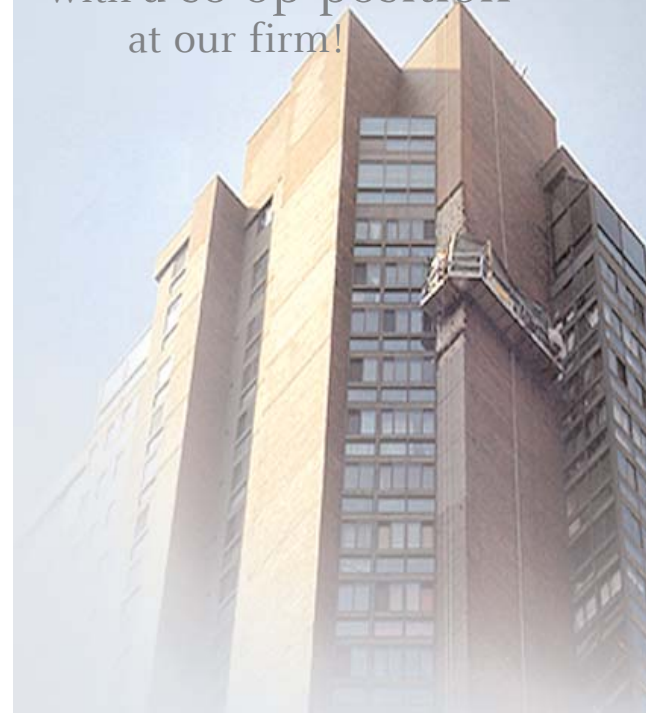
www.canmarcontracting.com



To join our team, please fill out the application form inside.

CANMAR

Explore a new
career opportunity
with a co-op position
at our firm!



E D U C A T I O N A T W O R K

**SPECIALIZING IN
STRUCTURAL
REHABILITATION**

INCLUDING PARKING STRUCTURE,
MASONRY & BALCONY REPAIRS



Co-op Employment Application

1. Complete legibly.
2. Attach resumé, if applicable.

PERSONAL INFORMATION

First Name:		Last Name:	
Home Address (No., Street, Apt. No., City, Province, Postal Code):			
E-mail address:		Cell Telephone:	
Have you ever been convicted of an offence(s), for which you have not received an unrevoked pardon, under the Criminal Code, the Food & Drug Act or Narcotic Control Act? YES: _____ NO: _____ If Yes, explain (if additional space required, attach separate letter).		Do you have any illness, disability or physical limitations which may prevent you from regularly lifting or carrying 10 Kg? YES: _____ NO: _____ Explain: _____ Do you have any illness, disability or physical limitations which may prevent you from doing work of a repetitive nature? YES: _____ NO: _____ Explain: _____	

EDUCATION (Highest level achieved)

High School	From:	To:	School Name:	Location:	Province:
College or University Business, Trade or other school	From:	To:	College Name:	Location:	Province:
What course(s) are you currently enrolled in? _____					
What is your current year of study? _____					

JOB INTEREST & GOALS

Are you legally entitled to work in Canada? _____ If NOT, please explain: _____ Have you ever been discharged from any position? _____

Type of work you are interested in: _____

List your professional goals: _____

Date(s) Available: _____ Who referred you to this organization: _____

WORK AVAILABILITY

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From AM:						
To PM:						

EMPLOYMENT HISTORY / TRAINING

Company Name: _____ Telephone #: _____

Address (No., Street, Apt. No., City, Province, Postal Code): _____

Type of business Nature of duties from start to time of leaving (give title, responsibility, supervisory experience, etc.) _____

Position: _____ Full-time: _____ Part-time _____ Temp _____ Salary Start: \$ _____ Final: \$ _____

Employed (month and year) From: _____ To: _____ Reason for leaving: _____

Immediate supervisor Name & Title: _____

Company Name: _____ Telephone #: _____

Address (No., Street, Apt. No., City, Province, Postal Code): _____

Type of business Nature of duties from start to time of leaving (give title, responsibility, supervisory experience, etc.) _____

Position: _____ Full-time: _____ Part-time _____ Temp _____ Salary Start: \$ _____ Final: \$ _____

Employed (month and year) From: _____ To: _____ Reason for leaving: _____

Immediate supervisor Name & Title: _____

Company Name: _____ Telephone #: _____

Address (No., Street, Apt. No., City, Province, Postal Code): _____

Type of business Nature of duties from start to time of leaving (give title, responsibility, supervisory experience, etc.) _____

Position: _____ Full-time: _____ Part-time _____ Temp _____ Salary Start: \$ _____ Final: \$ _____

Employed (month and year) From: _____ To: _____ Reason for leaving: _____

Immediate supervisor Name & Title: _____

SIGNATURE & ACKNOWLEDGEMENT

In signing this application, I understand that any misrepresentation or omission of facts is cause for cancellation of this application or termination of employment. I hereby consent to have an investigation of work and personal references, security check, and a credit investigation conducted.

Signature of applicant: _____ Date: _____