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# Métis Urban Housing Corporation

11922 121 A Street Edmonton, Alberta T5L 0A2 Ph 780 452 6440 Fax 780 452 1076

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## CONTRACTOR INFORMATION

DATE: \_\_\_\_\_ HOME NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

LAST,

FIRST

MIDDLE INITIAL

ADDRESS: \_\_\_\_\_

STREET

CITY

PROVINCE

POSTAL CODE

TYPE OF WORK: \_\_\_\_\_ EXPECTED RATE: \_\_\_\_\_

DATE AVAILABLE: \_\_\_\_\_ BUSINESS INSURANCE \_\_\_\_\_

YES/NO

IF REQUESTED, COULD YOU PROVIDE MUHC WITH A CURRENT DRIVER'S ABSTRACT? \_\_\_\_\_

YES/NO

WORKER'S COMPENSATION COVERAGE: \_\_\_\_\_ WCB NUMBER: \_\_\_\_\_

YES/NO

## EDUCATIONAL BACKGROUND

SCHOOL	NAME	CITY/TOWN	FROM (DD/MMM/YYYY)	TO (DD/MMM/YYYY)	COMPLETED (YES/NO)
HIGH SCHOOL					
BUSINESS/TRADE					
OTHER					

RELATED ACTIVITIES, EXPERIENCES, SKILLS OR QUALIFICATIONS YOU POSSESS?

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**CONTRACT-RELATED REFERENCES: (LIST IN ORDER OF LATEST OR PRESENT JOB)**

PRESENT CONTRACT WITH: TOWN/CITY: SUPERVISOR'S NAME/TITLE: COMMENCEMENT DATE: JOB DESCRIPTION:			
		PHONE:	
		END DATE:	
PAST CONTRACT WITH: ADDRESS: SUPERVISOR'S NAME/TITLE: COMMENCEMENT DATE: JOB DESCRIPTION:			
		PHONE:	
		END DATE:	
PAST CONTRACT WITH: ADDRESS: SUPERVISOR'S NAME/TITLE: COMMENCEMENT DATE: JOB DESCRIPTION:			
		PHONE:	
		END DATE:	

**CHARACTER REFERENCES**

NAME & OCCUPATION                      ADDRESS                      PHONE

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**CONTRACTOR – COMPLETE THIS SECTION ONLY AFTER YOU ARE SUCCESSFUL**

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FOR OFFICE USE ONLY:		
INTERVIEW: YES    NO    DATE:		INTERVIEWED BY:
Result of interview:		
Approved by:	Starting Date:	Rate: