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Maple Ridge, BC
V2X 8G1

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Your Contact Information:

Name: _____
First
Middle
Last

Address: _____
Street

City
Prov.
Postal Code

Phone: _____ Email: _____

Education & Certifications:

Secondary School Attended: _____

Trade School, College or University: _____

Driver's License: _____

Experience:

Last Employer: _____ Job Title: _____

Start Date: _____ End Date: _____ Duties: _____

Other Qualifications: _____

Do you own your own tools? _____ Do you own a reliable vehicle? _____