



## First Nations National Building Officers Association

5731 Old Highway #2  
P.O. Box 219  
Shannonville, Ontario K0K 3A0

[admin@fnnboa.ca](mailto:admin@fnnboa.ca)

### APPLICATION

#### Application information

Full name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle or Nickname*

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*Street address Apt/Unit #*

\_\_\_\_\_ Email: \_\_\_\_\_  
*City Prov. Postal Code*

Membership Yes  No  Payment: Etransfer  Cheque  Other

Community \_\_\_\_\_ Sponsor: \_\_\_\_\_

Training Selected: Inspector  Building Code

Resume attached Yes  No

Supporting Documents Yes  No  Number of supporting documents \_\_\_\_\_

Experience in Construction Yes  No  Years \_\_\_\_\_

Building Code Knowledge Yes  No  Years \_\_\_\_\_

Inspections Yes  No  How many? Approx.. \_\_\_\_\_

Blueprint Reading/ Construction drawing Yes  No  Years \_\_\_\_\_

***To best support you, please share as much information as possible about your experiences.***

***The more we know, the better we can assist.***

**EDUCATION**

School/Location: \_\_\_\_\_ Program: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/ Certificate Yes  No

School/Location: \_\_\_\_\_ Program: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/ Certificate Yes  No

**Other studies:**

School/Location: \_\_\_\_\_ Program: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/ Certificate Yes  No

School/Location: \_\_\_\_\_ Program: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Diploma/ Certificate Yes  No

**EMPLOYMENT**

Name of business \_\_\_\_\_ Address: \_\_\_\_\_

Years experience \_\_\_\_\_ To: \_\_\_\_\_

Name of business \_\_\_\_\_ Address: \_\_\_\_\_

Years experience \_\_\_\_\_ To: \_\_\_\_\_

Name of business \_\_\_\_\_ Address: \_\_\_\_\_

Years experience \_\_\_\_\_ To: \_\_\_\_\_

**Membership History**

Name \_\_\_\_\_ Years \_\_\_\_\_

Name \_\_\_\_\_ Years \_\_\_\_\_

**Disclaimer and signature**

I certify that my answers are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_