



NORSASK
FOREST PRODUCTS
LIMITED
PARTNERSHIP

NorSask Forest Products Limited Partnership

Box 9020, Meadow Lake, Saskatchewan S9X 1V7

APPLICATION FOR EMPLOYMENT (Please Print Plainly)

NOTE: This application will be retained on file for a period of one year from the date of application.

PLEASE READ CAREFULLY: Complete the application as fully as possible, be specific and print plainly and clearly. Take note that employees must be eighteen (18) years old or over. Read the conditions of employment at the end of the form.

Personal Data:

Date: _____ Soc. Ins. No. _____

Surname (print in block letters) _____ First Name and Initial _____

Present Address: _____

Street Address _____ City/Town/Post Office _____

Province _____ Postal Code _____

How many years have you lived at this address? _____ Telephone No. _____

List any other addresses, phone number where you can be reached:

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? PERSONS ELIGIBLE TO WORK ARE CANADIAN CITIZENS, LANDED IMMIGRANTS OR HOLDERS OF A VALID WORK PERMIT.

Yes No

Are you willing to accept shift work? Yes No

Job(s) applied for: 1. _____
2. _____

Have you worked for us before? _____ If yes, when? _____

List any friends or relatives working for us _____

If hired, on what date will you be available to start work? _____

Indicate languages you
(A) Speak English French Other (Specify) _____
(B) Write _____
(C) Read _____

Employment Equity (voluntary declaration)

- (1) If hired, do you have a reliable means of transportation to get to work and a valid driver's licence? Yes No
- (2) Do you have a physical disability which will affect your ability to perform any of the functions of the job for which you have applied? Yes No

If the answer to the above is "yes" what functions can you perform and what recommendations could be made which would allow you to do the work adequately?

- (3) Would you agree to a pre-employment drug test? Yes No

PERSONAL REFERENCES

(Excluding Former Employers, Relatives or Members of the Clergy)

Name and Occupation	Address	Phone Number
1. _____	_____	
2. _____	_____	
3. _____	_____	

EDUCATIONAL BACKGROUND

Type of School	Name and Address	From-To	Graduated	Course or Major
Grammar or Grade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List all degrees, diplomas and valid licences, tickets, certificates, etc. that you hold.

List hobbies, special interest and organizations or clubs to which you belong (do not list clubs or organizations which would indicate your religion, race, sex or marital status.)

PRIOR WORK HISTORY (LIST IN ORDER, LATE OR PRESENT EMPLOYER FIRST)

LAST/PRESENT EMPLOYER _____

Address _____

Phone No. _____ Employed From _____ To _____

Reason for Leaving _____

Supervisor _____ Phone No. _____

Describe your duties _____

SECOND LAST EMPLOYER _____

Address _____

Phone No. _____ Employed From _____ To _____

Reason for Leaving _____

Supervisor _____ Phone No. _____

Describe your duties _____

THIRD LAST EMPLOYER _____

Address _____

Phone No. _____ Employed From _____ To _____

Reason for Leaving _____

Supervisor _____ Phone No. _____

Describe your duties _____

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize their complete background. To assist us in finding the proper position for you in our Company, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in employment with us.

**CONDITIONS OF EMPLOYMENT
AND
APPLICANT'S CERTIFICATION AND AGREEMENT**

1. I authorize previous employers and educational institutions to furnish information with respect to this application.
2. I agree to submit to medical examination as a condition of employment and as a condition of continued employment. Such examinations may be done by a doctor of the Company's selection.
3. I hereby certify that the foregoing information is true and complete in every respect and I understand and agree that any false or inaccurate statement or omission by me in this application will be sufficient cause for cancellation of application and/or for termination from the Company's services if I am employed.
4. I hereby certify that I will provide a current phone number to the company.

_____ Date

_____ Signature

DO NOT WRITE BELOW THIS LINE

INTERVIEW Yes No Date _____ Hour _____

Result of Interview _____

Acceptable for Employment? _____ Starting Rate _____ Starting Date _____

Occupation _____ Dept., or Camp _____ Emp. No. _____

Interviewed by _____