



NORSASK
FOREST PRODUCTS
LIMITED
PARTNERSHIP

NorSask Forest Products Limited Partnership

Box 9020, Meadow Lake, Saskatchewan S9X 1V7

APPLICATION FOR EMPLOYMENT

(Please Print Clearly)

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:	
Surname (print in block letter)	First Name and Initial
Street Address	City/Town/Post Office
Province	Postal Code
How many years have you lived at this address?	Telephone No.
E-mail address:	
List any other addresses, phone numbers 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to accept shift work? <input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (Specify) _____
(B) Write	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (Specify) _____
(C) Read	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other (Specify) _____

Employment Equity (voluntary declaration)

(1) Are you an Aboriginal person? Yes No

If yes: Status Non-Status Métis Inuit Band Affiliation _____

(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) If hired, do you have a reliable means of transportation to get to work and a valid driver's license? Yes No

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

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 licenses, tickets, certificates, etc. that you hold.

WORK RELATED REFERENCES

Name _____

Company _____

Address _____ Phone _____

Working relationship to you _____ Employed From _____ To _____

Name _____

Company _____

Address _____ Phone _____

Working relationship to you _____ Employed From _____ To _____

Name _____

Company _____

Address _____ Phone _____

Working relationship to you _____ Employed From _____ To _____

WORK HISTORY (Please list all employment starting with the most recent/current employer.)

LAST/PRESENT EMPLOYER _____

Position _____

Address _____

Phone No. _____

Reason for Leaving _____

Employed From _____

To _____

Supervisor _____

Phone No. _____

May we contact this employer? Yes No

Describe your duties _____

SECOND LAST EMPLOYER _____

Position _____

Address _____

Phone No. _____

Reason for Leaving _____

Employed From _____

To _____

Supervisor _____

Phone No. _____

May we contact this employer? Yes No

Describe your duties _____

THIRD LAST EMPLOYER _____

Position _____

Address _____

Phone No. _____

Reason for Leaving _____

Employed From _____

To _____

Supervisor _____

Phone No. _____

May we contact this employer? Yes No

Describe your duties _____

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).

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 _____ Time _____

Result of Interview _____

Acceptable for Employment? _____ Starting Rate _____ Starting Date _____

Occupation _____ Dept. _____ Emp. No. _____

Interviewed by _____