

NorSask Forest Products Limited Partnership

PO Box 9020, Meadow Lake, SK, S9X 1V7

APPPLICATION FOR EMPLOYMENT

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:					
Last Name:	First Name:		Initial:		
Street Address:	Street Address: Apartment/U		Apartment/Uni	t #:	
City/Town:	Province:		Postal Code:		
How many years have you lived at this address? Email:					
Home Phone: Cell Phone:					
List any other addresses/phone numbers at which 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 Yes Novalid work permit.)					□ No
Are you willing to accept shift work?				Yes	□ No
Job(s) applied for: 1.					
2.					
Have you worked for us before?					
If hired, what date will you be available to start work?					
Indicate which languages you: (A) Speak English French Other (Specify)					
(B) Write English French Other (Specify)					
(C) Read English French Other (Specify)					
List any friends or relatives working for us:					
					-

EMPLOYMENT EQUITY (Voluntary Declaration)				
(1) Are you an A	Aboriginal person? Yes I	No		
If yes: Status Non-Status Métis Inuit Band Affiliation				
(2) Do you have job for which yo	a physical disability which will affectual but have applied?	t your ability to pe	erform any of the f	unctions of the
If the answer to the above is "Yes", what functions can you perform and what accommodations could be made which would allow you to 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 do a pre-employment drug test?				
EDUCATIONAL BACKGROUND				
Type of School	Name and Address	Time Attended	Graduated	Course/Major
Grammar or Grade School		to	☐ Yes ☐ No	
High School		to	☐ Yes ☐ No	
College		to	☐ Yes ☐ No	
Post Graduate		to	☐ Yes ☐ No	
Business or Trade		to	☐ Yes ☐ No	
Other		to	☐ Yes ☐ No	
List all degrees, diplomas, valid licenses, tickets, certificates, etc. that you hold.				

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

LAST/PRESENT EMPLOYER:				
Phone:		Your Position:		
Address:				
Reason for Leaving:			Employed from To	
Supervisor:	Phone:		May we contact this employer? Yes No	
Describe your duties:	scribe your duties:			
_				
SECOND LAST EMPLOYER:				
Phone:		Your Posi	ition:	
Address:				
Reason for Leaving:			Employed from To	
Supervisor:	Phone:		May we contact this employer? Yes No	
Describe your duties:				
THIRD LAST EMPLOYER:				
Phone:		Your Position:		
Address:				
Reason for Leaving:			Employed from To	
Supervisor:	Phone:		May we contact this employer?	
Describe your duties:				

WORK RELATED REFERENCES			
Name:	Company:		
Phone:	Email:		
Address:			
Working relationship to you:		Employed from	То
Name:	Company:		
Phone:	Email:		
Address:			
Working relationship to you:		Employed from	То
Name:	Company:		
Phone:	Email:		
Address:			
Working relationship to you:		Employed from	То
HOBBIES			
List hobbies, special interest and organizations organizations which would indicate your religion			clubs or

ADDITIONAL INFORMATION

Occasionally, the form of an application bank makes their complete background. To assist us in finding th space below to summarize any additional information				
Thank you for completing this application for	m and for your interest in employment with us!			
CONDITIONS O	F EMPLOYMENT			
	AND			
APPLICANT 5 CERTIFIC	CATION AND AGREEMENT			
 I authorize previous employers and education this application. 	nal institutions to furnish information with respect to			
 I agree to submit to medical examination as a condition of continued employment. Such examinations may be done by a doctor of the Company's selection. 				
• • • • • • • • • • • • • • • • • • • •	n is true and complete in every respect and I urate statement or omission by me in this application plication and/or for termination from the Company's			
4. I hereby certify that I will provide a current p	hone 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:					

