



**NORSASK**  
FOREST PRODUCTS LP

**NorSask Forest Products  
Limited Partnership**

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

**APPLICATION 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:		Apartment/Unit #:
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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	
If hired, what date will you be available to start work?		
Indicate which 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)		
List any friends or relatives working for us: _____ _____		

## 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 accommodations could be made which would allow you to work adequately?

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(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?  Yes  No

## EDUCATIONAL BACKGROUND

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

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

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**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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties:			

SECOND LAST EMPLOYER:			
Phone:		Your Position:	
Address:			
Reason for Leaving:		Employed from	To
Supervisor:	Phone:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties:			

THIRD LAST EMPLOYER:			
Phone:		Your Position:	
Address:			
Reason for Leaving:		Employed from	To
Supervisor:	Phone:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe your duties:			

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## WORK RELATED REFERENCES

Name:	Company:
Phone:	Email:
Address:	
Working relationship to you:	Employed from                      To

Name:	Company:
Phone:	Email:
Address:	
Working relationship to you:	Employed from                      To

Name:	Company:
Phone:	Email:
Address:	
Working relationship to you:	Employed from                      To

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## HOBBIES

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).

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**ADDITIONAL INFORMATION**

*Occasionally, the form of an application bank 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.*

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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 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.*

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*Date*

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*Signature*

**DO NOT WRITE BELOW THIS LINE**

INTERVIEW <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Time:
Result of Interview:		
Acceptable for Employment?	Starting Rate:	Starting Date:
Occupation:	Dept.:	Emp. No.:
Interviewed by:		

