

EMPLOYMENT APPLICATION

for

ARDEW WOOD PRODUCTS LTD.

BOX 280

MERRITT, B.C.

V1K 1B8

APPLICANT'S NAME *(please print)*

DATE

****THIS APPLICATION WILL BE HELD ON FILE FOR MAXIMUM 3 MONTHS****

NAME: _____ ARE YOU A CANADIAN CITIZEN? [] YES [] NO

TELEPHONE NUMBER: (DAYTIME) _____ (ALTERNATE) _____

MAILING ADDRESS: _____

HOW LONG? _____

P.O. Box or Street Address

City, Province

Postal Code

JOB INTEREST

WHAT TYPE OF WORK ARE YOU APPLYING FOR? _____

WAGE DESIRED: _____ FUTURE JOB GOAL WITH THIS COMPANY: _____

WHY HAVE YOU APPLIED TO THIS COMPANY? _____

WILL YOU ACCEPT SHIFT WORK? () YES () NO WILL YOU ACCEPT WEEKEND WORK? () YES () NO

WHEN COULD YOU START? _____ DO YOU HOLD A VALID DRIVER'S LICENCE? () YES () NO

DESCRIBE ANY PHYSICAL HANDICAPS (INFORMATION MAY HELP IN SUITABLE PLACEMENT): _____

IN CASE OF EMERGENCY - WHOM SHOULD WE CONTACT? _____

NEAREST RELATIVE: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NUMBER: _____

EDUCATION / SKILLS

SCHOOL NAME

LOCATION

YEARS ATTENDED

COLLEGE OR UNIVERSITY: _____

MAJOR COURSE: _____ MINOR COURSE: _____ DEGREE/CERTIFICATE: _____

OTHER SCHOOLING/TRAINING - High school, Apprenticeships, Correspondence, Safety training, General interest

MACHINES YOU CAN OPERATE:

TICKETS / CERTIFICATION

AIR TICKET YES _____ NO _____

MILLWRIGHT YES _____ NO _____

FIRST AID YES _____ NO _____

MECHANIC YES _____ NO _____

GRADING TICKET YES _____ NO _____

Your employment may require physical effort. Are you aware of any condition that would prevent you from completion of these duties? [] No [] Yes If yes, please indicate below:

ADDITIONAL INFORMATION

State below in detail the specific experience you have gained through your training and previous employment and any other information that might help in placing you. Attach an additional sheet if necessary.

Applicants - be sure to read thoroughly before signing.

I certify that the information given in this application is true and correct and agree that falsification or omission of information called for will make me subject to discharge from employment. I authorize previous employers to furnish any information they consider necessary as to my activities, experience and work record.

I understand also that as a condition of employment, I may be required to pass a medical examination before and during my employment. I will be retired at the age of 65.

DATE

APPLICANT'S SIGNATURE

Did anyone other than yourself fill out this application form? Yes No

If yes, please explain which areas and why _____
