

Employment Application



ASPEN PLANERS LTD. • AP INDUSTRIES
P.O. Box 160 • Merritt, B.C. V1K 1B8
Phone: 250-378-9266 • Fax: 250-315-4237

Please indicate which business you are applying to:

- Aspen Planers Ltd.
- AP Industries

Applicant's Name

Date

NOTE

Applications are normally held for six months. You are asked to re-apply if you have not heard from us by that time.

Please attach your resume to this application form and complete this application in your own handwriting.

Surname	First Name	Full Middle Name	Social Insurance Number	
Present Address		City	Province	Postal Code
Previous Address		City	Province	Postal Code
Telephone Number	Are legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	At some operations there is an age requirement Do you meet this requirement?		16 years <input type="checkbox"/> Yes <input type="checkbox"/> No 18 years <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you less than 65 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No

JOB INTEREST

What type of work are you applying for?	Division	Competition/Reference number
Wage/Salary Desired	Future job goal with this company	
Have you applied for or requested employment with Aspen Planers Ltd. or within this industry before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Other companies?		
Do you have any relatives working for Aspen Planers Ltd. or any of the AP Group of Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?		
Why have you applied to Aspen Planers Ltd.		
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you accept shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work on Saturdays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work on Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you work 10 hour shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work 12 hour shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When could you start?	Do you hold a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Province of issue: _____ DL#: _____ Class: _____	
Describe any physical or mental handicaps that would interfere with your ability to do the essential components of the job you are applying for.		
In case of emergency, whom should we contact? (Please advise human resources dept. of any changes)		
Address	City	Province
		Phone
What type of work will you accept? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time		

EDUCATION/SKILLS

	School Name and Address	Year Completed	Years Attended		Degree/Certificate Held
			From	To	
High School Grade Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					
Technical/Vocational School					
College or University					

Please list any additional skills you have that directly relate to the job you are applying for (ie. Computer skills, Heavy Duty Equipment, etc.)
NOTE: you will be required to provide proof of all credentials before being hired.

EMPLOYMENT HISTORY

Please list employers for the past 10 years, giving present employer first. Attach a separate sheet if necessary.

Company	City	Province	Phone
Length of Service From	To	Did you supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many? <input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Both
Supervisor's name and title			Phone number
Your title at start	Typical duties		Starting salary
Your title when leaving	Typical duties		Salary at leaving
May we contact your present employer for references now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving or desiring to leave _____ _____			

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