

EMPLOYMENT APPLICATION

Last Name: _____ First Name: _____
Phone: _____ Date: _____
MONTH/DAY/YEAR

PREVIOUS EDUCATION

Certification/Degree/Diploma: _____
Institution: _____ Completion Date: _____
MONTH/DAY/YEAR

Brief Description: _____

Certification/Degree/Diploma: _____
Institution: _____ Completion Date: _____
MONTH/DAY/YEAR

Brief Description: _____

Certification/Degree/Diploma: _____
Institution: _____ Completion Date: _____
MONTH/DAY/YEAR

Brief Description: _____

PREVIOUS FOREST INDUSTRY WORK EXPERIENCE (MOST RECENT TO OLDEST)

Job Title: _____ Start Date: _____ Last Day: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Job Description/Duties: _____

Company Name: _____ Supervisor: _____ Contact #: _____

Job Title: _____ Start Date: _____ Last Day: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Job Description/Duties: _____

Company Name: _____ Supervisor: _____ Contact #: _____

Job Title: _____ Start Date: _____ Last Day: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Job Description/Duties: _____

Company Name: _____ Supervisor: _____ Contact #: _____

Job Title: _____ Start Date: _____ Last Day: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Job Description/Duties: _____

Company Name: _____ Supervisor: _____ Contact #: _____

OTHER WORK EXPERIENCE

Job Title: _____ Start Date: _____ Last Day: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Job Description/Duties: _____

Company Name: _____ Supervisor: _____ Contact #: _____

Job Title: _____ Start Date: _____ Last Day: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Job Description/Duties: _____

Company Name: _____ Supervisor: _____ Contact #: _____

Job Title: _____ Start Date: _____ Last Day: _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

Job Description/Duties: _____

Company Name: _____ Supervisor: _____ Contact #: _____

Are you allergic to any type of wood product/tree species, most notably Western Red Cedar and other softwood species common to British Columbia?

Yes No

North Enderby Timber Ltd. as part of its regular operations, expects their employees to be able to work day or night shifts at its discretion. Is this acceptable to you?

Yes No

Do you suffer from any medical condition that would prevent you from performing a physically demanding job for extended periods of time? (i.e. back/shoulder problems or joint problems). Do you have a medical condition that would be negatively impacted by the repetitive movements of heavy objects?

Yes No

I have answered this application to the best of my knowledge and have not in any way attempted to mislead or not inform the recipient with regards to this application for employment. I also understand the recipient may not be hiring at the time this is filled out. I understand that the recipient's only implied duty to me is to place this application on file for a minimum period of one year, and that the recipient not disclose information contained in this application, with the exception or what is needed for the recipient's hiring and human resource practices.

I understand that employment with this company is based on British Columbia employment standards practice minimums when not otherwise stated.

Applicant Signature: _____ Date: _____
MONTH/DAY/YEAR

FAX APPLICATION TO: 250.838.9637

(Please DO NOT DISCLOSE any information regarding race, religion, age or sexual preferences).