



Employment Application

Aspen Planers Ltd.
Savona Specialty Plywood, Lillooet Division

PO Box 880
Phone: (250) 256-5200 Fax: (250) 256-5220
Email: jobs.lillooet@apgroup.ca

Applicant's Name

Date

Incomplete applications will not be considered.

OUR SITE CONDUCTS MANDATORY DRUG AND ALCOHOL TESTS

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

Surname	First Name	Full Middle Name	
Street Address	City	Province	Postal Code
Mailing Address <i>(if different from Street Address)</i>	City	Province	Postal Code
Telephone Number	Alternate Number		
Are legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you every worked at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If so, when? _____	
Do you have reliable means of transportation to get to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			

JOB INTEREST

What type of work are you applying for?			
Have you applied for or requested employment with Savona Specialty Plywood or within this industry before? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Other Companies? _____			
Do you have any relatives working for Savona Specialty Plywood or any of the AP Group of Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? _____			
Why have you applied to Savona Specialty Plywood?			
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 Sundays? <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: _____ Class: _____		
What type of work will you accept? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time			

EDUCATIONAL SKILLS

	School Name and Address	Year Completed	Years Attended	Degree/Certificate Held
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 (i.e. heavy duty equipment, safety training, etc.)
Note: You will be required to provide proof of all credentials prior to being hired.

EMPLOYMENT HISTORY

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

Company	City	Province	Phone
Length of Service	Did you supervise others?		How many?
From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Your title at start	Typical Duties		Starting salary
Your title when leaving	Typical Duties		Salary at leaving
May we contact this employer for references?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving or desiring to leave			

Company	City	Province	Phone
Length of Service	Did you supervise others?		How many?
From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Your title at start	Typical Duties		Starting salary
Your title when leaving	Typical Duties		Salary at leaving
May we contact this employer for references?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving or desiring to leave			

Company	City	Province	Phone
Length of Service	Did you supervise others?		How many?
From	To	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Your title at start	Typical Duties		Starting salary
Your title when leaving	Typical Duties		Salary at leaving
May we contact this employer for references?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving or desiring to leave			

