



Employment Application

Aspen Planers Ltd. **Savona Specialty Plywood Division**

PO Box 127
7273 Kamloops Lake Drive
Savona, BC V0K 2J0
Phone: (250) 373-5600 Fax: (250) 373-5665
Email: jobs.savona@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? ☐ Yes ☐ No		Have you ever worked at this site? ☐ Yes ☐ No If so, when? _____	
Are you 18 years of age or older? ☐ Yes ☐ 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? ☐ Yes ☐ No When? _____ Other Companies? _____			
Do you have any relatives working for Savona Specialty Plywood or any of the AP Group of Companies? ☐ Yes ☐ No If so, where? _____			
Why have you applied to Savona Specialty Plywood?			
Will you accept shift work? ☐ Yes ☐ No	Work on Saturdays? ☐ Yes ☐ No	Work on Sundays? ☐ Yes ☐ No	
Will you work 10-hour shifts? ☐ Yes ☐ No	Will you work 12-hour shifts? ☐ Yes ☐ No		
When could you start?	Do you hold a valid driver's license? ☐ Yes ☐ No Province of issue: _____ Class: _____ Do you have reliable means of transportation to get to work? ☐ Yes ☐ No		
What type of work will you accept? ☐ Permanent ☐ Temporary ☐ Part-Time			

EDUCATIONAL SKILLS

	School Name and Address	Year Completed	Years Attended	Degree/Certificate Held
High School Grade Completed ☐ 9 ☐ 10 ☐ 11 ☐ 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	☐ Yes ☐ 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?		☐ Yes ☐ No	
Reason for leaving or desiring to leave			

Company	City	Province	Phone
Length of Service	Did you supervise others?		How many?
From	To	☐ Yes ☐ 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?		☐ Yes ☐ No	
Reason for leaving or desiring to leave			

Company	City	Province	Phone
Length of Service	Did you supervise others?		How many?
From	To	☐ Yes ☐ 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?		☐ Yes ☐ No	
Reason for leaving or desiring to leave			

State in detail below 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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please list at least two references other than previous employers or relatives. Include the person's name, place of employment, title or position, address and telephone number.

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CAREER INTEREST

How do you see this opportunity with Savona Specialty Plywood matching up with your strengths and interests in wood products manufacturing?

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The foregoing statements are correct to the best of my knowledge. I understand any misrepresentation may disqualify me from employment or be cause for my dismissal.

I authorize the companies and persons named above, with the exception noted by me, to give any information regarding my previous employment. If hired, I agree to abide by all rules and regulations of the Company, including serving an initial probationary period.

I agree to submit to a medical exam and drug screening, which will be conducted at an accredited facility identified by the Company. Further, I understand that failure to disclose all my medical history to the best of my knowledge or falsifying my medical history will result in dismissal/not being employed.

Signature _____ Date _____