

Application for Employment



Spray Lake Sawmills

Apply by:
 Fax (403) 932-6675
 Email: info@spraylakesawmills.com
 Mail: 305 Griffin Road West, Cochrane, AB T4C 2C4

1. PERSONAL INFORMATION

Position or Type of work you are applying for:			
Last Name:		First Name:	
Address: (Street # and name)		(City)	(Province) (Postal Code)
Contact number you can be reached at:		Can we leave a message at the phone numbers provided? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email:			
Are you eligible to legally work in Canada?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Earliest date available to work?		Work period desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Summer (until which date:)	
Are you prepared to work: Night Shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO Weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO Overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you previously been employed by Spray Lake Sawmills? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, Date of employment: Supervisor:			
Do you know anyone who is working for Spray Lake Sawmills?		<input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____	
Do you have a valid Alberta Driver's License?		<input type="checkbox"/> YES <input type="checkbox"/> NO Class: _____	
List mobile equipment operated: (Type, size and approx. dates)			
List any <u>current</u> safety training (level & expiry date if applicable): (WHMIS, First Aid, etc.)			

2. EDUCATION AND TRAINING

School/Institution		Major/Program	Did you Graduate?		Credits, Diploma, Degree attained
Name	Location		YES	NO	
High School					
Vocational/Trade School					
Technical/Jr. College					
University/College					
Other certificates, Licenses, Apprenticeship Programs or additional related courses					

3. PREVIOUS EMPLOYMENT (List most recent first)

1 Position:		Duties	
Company Name:			
Company Address:			
Start Date:	End Date:	Permission to contact employer:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final Rate of Pay: \$	<input type="checkbox"/> Per Hr <input type="checkbox"/> Per Mo <input type="checkbox"/> Per Yr	Supervisor:	Phone #:
Reason for Leaving:			

2. Position:		Duties	
Company Name:			
Company Address:			
Start Date:	End Date:	Permission to contact employer:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final Rate of Pay: \$	<input type="checkbox"/> Per Hr <input type="checkbox"/> Per Mo <input type="checkbox"/> Per Yr	Supervisor:	Phone #:
Reason for Leaving:			

2. Position:		Duties	
Company Name:			
Company Address:			
Start Date:	End Date:	Permission to contact employer:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final Rate of Pay: \$	<input type="checkbox"/> Per Hr <input type="checkbox"/> Per Mo <input type="checkbox"/> Per Yr	Supervisor:	Phone #:
Reason for Leaving:			

4. WORK HABITS (Self Assessment)

Compared to others with whom you have worked, please indicate your performance with respect to:

	Below average	Average	Above Average
Compliance to Safety Rules			
Daily Attendance			
Punctuality (Start time, scheduled breaks, etc.)			

5. Additional Information:

Is there anything we haven't asked you that you would like to tell us about yourself with respect to a position with SLS:

READ CAREFULLY BEFORE SIGNING:

Applicant's Declaration:

1. I certify that the information given on this application is true and that any untrue statements could be grounds for dismissal if hired.
2. I understand that incomplete applications may not be considered.
3. I understand that I must complete an applicable probationary period.
4. I understand that I may be asked to produce my social insurance card.
5. I hereby give Spray Lake Sawmills permission to contact my former employers to obtain references.

Signature of Applicant _____

Date Signed: _____, 20 _____

Thank you for your interest in Spray Lake Sawmills