## **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 w	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.

Surname First Name			Full M	iddle Nam	e	S	Social Insurance Number				
Present Address					City		Province	P	ostal Code	Н	ow Long?
Previous Address					City		Province	P	ostal Code	Н	ow Long?
Telephone Number	Are lega	ally entitled		Canada? No			ons there is and services are an area of the contract of the c	? 16	ement S years S years	□ Yes	□ No
	Are you	bondable?		No	Are yo	u less tha	n 65 years?			□ Yes	□ No
JOB INTEREST											
What type of work are you appl	ying for?				Divisio	n		С	ompetition/	Referenc	e number
Wage/Salary Desired					Future	job goal v	with this comp	any			
Have you applied for or request ☐ Yes ☐ No Wh	ted employ nen?	yment with	Aspen Pla	ners Ltd. or		industry b companie					
Do you have any relatives work	ing for Asp	pen Planer	s Ltd. or a	ny of the AP	Group of (	Companie	s? 🛚 Yes	□ No W	here?		
Why have you applied to Asper	n Planers I	Ltd.									
Are you willing to relocate?	☐ Yes	□ No	Are yo	u willing to t	ravel?	☐ Yes	□ No				
Will you accept shift work?	☐ Yes	□ No	Work	on Saturday:	s?	☐ Yes	□ No	Work o	n Sunday?	☐ Yes	s 🔲 No
Will you work 10 hour shifts?	☐ Yes	□ No	Will yo	ou work 12 h	our shifts?	☐ Yes	□ No				
When could you start?		•		I driver's lice		☐ Yes	□ No				
		Province	of issue:				DL#:		Class	:	
Describe any physical or menta  In case of emergency, whom sh				-					you are ap	prymig 10	
Address					City		Province	P	none		
					•						
What type of work will you acce	ept?	☐ Permar	nent	□ Temporar	у 🗖	Part-time					
EDUCATION/SKILLS											
		School	Name and	d Address	(	Year Completed		Attended To	Degre	e/Certific	ate Held
High School Grade Completed ☐ 9 ☐ 10 ☐ 11 ☐ 12						•	110111	1 .0			
Technical/Vocational School											
College or University											
	1								1		
Please list any additional skills	vou bave t	that directly	v relate to	the ich you c	ira annluin	a for (in C	Omnutar akilly	Heavy Du	v Fauinma	nt etc \	
Please list any additional skills NOTE: you will be required to p						g for (ie. C	Computer skills	s, Heavy Dut	y Equipme	nt, etc.)	
						g for (ie. C	Computer skills	s, Heavy Dut	y Equipme	nt, etc.)	

Please list employers for the past 1 Company	0 years, giving present emp	oloyer first.	. Attach a sepa City	rate sheet if necessary. Province		Phone
ength of Service rom To	Did you supervis	e others?	□No	How many?	☐ Men	□ Women □ Be
supervisor's name and title						Phone number
our title at start	Typical duties					Starting salary
Your title when leaving	Typical duties					Salary at leaving
May we contact your present emplo	oyer for references now?	☐ Yes	□ No			
Reason for leaving or desiring to le	ave					
Please list employers for the past 1 Company	0 years, giving present emp	oloyer tırst.	. Attach a sepa City	rate sheet if necessary. Province		Phone
Length of Service From To	Did you supervis	e others?	□No	How many?	☐ Men	□ Women □ B
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 emplo	oyer for references now?	☐ Yes	□ No			
Reason for leaving or desiring to le	ave					
Please list employers for the past 1	10 years giving present emr	Nover firet	Attach a cana	rote cheet if peogesary		
Company	o years, giving present simp	лоуы шэс	City	Province		Phone
Length of Service From To	Did you supervis	e others?	□No	How many?	☐ Men	□ Women □ B
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 emplo	oyer for references now?	☐ Yes	□ No			

placing you. Attach a	n additional sheet if ne	ecessary.		us employment, and any other information that	J
_					
ase list at least two telephone number.	references other than p	previous employers or re	latives. Include the pers	on's name, place of employment, title or position	on, add

Name Last		Firs	st		Middle			
Address Street		City	/		Province Postal Code	Birth	Date	
Nearest Relative		Rel	ationship	)	Telephone	Socia	l Insura	nce No
Address Street		City	/		Province Postal Code	Telep	hone	
Personal Physician						Telep	hone	
Address Street		City	/		Province Postal Code	Telep	hone	
Please fill in the following questionnaire completely as a legal document. Answering "Yes" to any questi		t autom		nds fo	rejection.	s. This fo	rm may	be use
Do you have, or have you ever had: (Check Yes or # CONDITION	No for e	very que Yes	estion.) Date	#	CONDITION	No	Yes	Date
Eye injury or disease (other than glasses)	INU	162	Dale	26	Jaundice or liver trouble	INU	162	Date
2 Glasses or contacts				27	Blood in stools, bowel trouble, colitis			
3 Ear trouble or difficulty hearing				28	Piles or rectal trouble			
Nose, Throat or difficulty hearing				29	Frequent urination or bloody urine			
5 Frequent cough or colds 6 Hay fever or allergies				30 31	Bladder or kidney trouble; stones Rupture (hernia)			
7 Frequent or severe headache				32	Tendonitis, bursitis, tennis elbow			
B Head injury or skull fracture; concussion				33	Rheumatism, arthritis; painful joints			
9 Dizziness or fainting spells				34	Knee injury			
Epilepsy, blackouts, convulsions				35	Foot trouble or painful feet			
11 Stroke				36	Neck strain or injury			
2 Meningitis or polio				37	Fracture			
Nervous trouble or breakdown				38	Dislocation			
14 Thyroid disease or goiter 15 Tuberculosis				39 40	Back trouble, slipped disc			
5   Tuberculosis   16   Shortness of breath, pneumonia, lung trouble				41	Back or spine injury Bone infection			
17 Asthma				42	Skin trouble, rashes, boils, infections			
18 Chest pain, angina, or pleurisy				43	Anemia, other blood disease			
19 Rheumatic fever				44	(F) Painful or disabling menstrual periods			
20 High blood pressure; If yes your last reading				45	Malaria			
21 Heart attack				46	Diabetes			
22 Significant weight gain or less (> 10 lbs)				47	Cancer, growths, tumors			
Nausea, vomiting or abdominal pain				48	Varicose veins			
24 Ulcer or frequent indigestion 25 Gall bladder trouble				49 50	Allergies Amputations			
Explain "Yes" answers fully (indicate by number)	<u> </u>	<u>l</u>		50	Amputations		<u> </u>	



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## PRE-ASSESSMENT INFORMATION

Name:	-						
Position	n Applied For:						
Date:	-						
Instruct	ions: Please answer the follow	ng question. Return o	completed form with you	r application.			
1.	Drug Testing						
	It is imperative that our emplo you do not use illegal drugs?	yees work in a drug-fr	ee environment for safe	ty and dependa	ability. Are you willin	g to take a drug test to prove that	t
			Yes		No		
2.	Driving						
	A. Do you have a valid d	river's license?					
			Yes		No		
	B. Do you know of anythi	ng that would restrict	you from qualifying for a	commercial di	river's license?		
			Yes		No		
3.	Career Interest						
	How do you see this opportun manufacturing?	ity with Aspen Planers	s matching up with your	strengths and	interests in forestry a	and wood products	
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