

Personal Identification

Last Name		Given Names	
Address:			
City:		Province/State:	Postal/Zip Code:
Home Telephone:	Business Telephone:		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally entitled to work in: Canada <input type="checkbox"/> Yes <input type="checkbox"/> No USA <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position(s) Desired	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer	
Locations(s) Desired	
	Date Available:

Skills

Can you operate a forklift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you certified (forklift) <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you operate any wood cutting equipment? (i.e. Electric saws; Routers; etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list: _____	
Are you comfortable working in a computerized environment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any specific skills in this area? Please list: _____	

Driving Information

Do you have a valid _____ driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's license number (Optional)
Are you prepared to provide a driver's abstract? <input type="checkbox"/> Yes <input type="checkbox"/> No	Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

General Information

Fluent Languages	Spoken	Written
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Education

Type of School	Name and Location	Grade/Level Degree/Diploma	Dates	
			To	From
Secondary/ High School				
Trade and/or Technical School				
University /College				
Other (Courses/Certificates)				

Employment History (Start with present or most recent employer and work back. You may attach resume if you wish.)

Employer:			
Address:			
Supervisor's Name:	Position Held	From:	To:
Reason for leaving:			
Duties:			

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Address:			
Supervisor's Name:	Position Held	From:	To:
Reason for leaving:			
Duties:			

Personal Declaration

I certify that the statements made by me in this application are true and complete. I understand and agree that a false statement may disqualify me from employment, or result in dismissal. I further authorize my former employers and other individuals to give information concerning me and I release them and their companies from any liabilities.

Signature

Date