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 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.

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

Surname	First Name	Full Middle Name	Social Insurance Number

Present Address	City	Province	Postal Code	How Long?

Previous Address	City	Province	Postal Code	How Long?

Telephone Number

Are legally entitled to work in Canada? ❑ Yes ❑ No

Are you bondable? ❑ Yes ❑ No

At some operations there is an age requirement
Do you meet this requirement? 16 years ❑ Yes ❑ No
18 years ❑ Yes ❑ No

Are you less than 65 years? ❑ Yes ❑ No

JOB INTEREST

What type of work are you applying for?	Division	Competition/Reference number

Wage/Salary Desired	Future job goal with this company

Have you applied for or requested employment with Aspen Planers Ltd. or within this industry before?
❑ Yes ❑ No When? Other companies?

Do you have any relatives working for Aspen Planers Ltd. or any of the AP Group of Companies? ❑ Yes ❑ No Where?

Why have you applied to Aspen Planers Ltd.

Are you willing to relocate? ❑ Yes ❑ No Are you willing to travel? ❑ Yes ❑ No

Will you accept shift work? ❑ Yes ❑ No Work on Saturdays? ❑ Yes ❑ No Work on Sunday? ❑ 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: _____ DL#: _____ Class: _____

Describe any physical or mental handicaps that would interfere with your ability to do the essential components of the job you are applying for.

In case of emergency, whom should we contact? (Please advise human resources dept. of any changes)

Address	City	Province	Phone

What type of work will you accept? ❑ Permanent ❑ Temporary ❑ Part-time

EDUCATION/SKILLS

	School Name and Address	Year Completed	Years Attended		Degree/Certificate Held
			From	To	
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 (ie. Computer skills, Heavy Duty Equipment, etc.)
NOTE: you will be required to provide proof of all credentials before being hired.

EMPLOYMENT HISTORY

Please list employers for the past 10 years, giving present employer first. Attach a separate sheet if necessary.

Company | City | Province | Phone

Length of Service
From | To | Did you supervise others? ❑ Yes ❑ No | How many? ❑ Men ❑ Women ❑ Both

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 employer for references now? ❑ Yes ❑ No

Reason for leaving or desiring to leave

____

____

Please list employers for the past 10 years, giving present employer first. Attach a separate sheet if necessary.

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Your title when leaving | Typical duties | Salary at leaving

May we contact your present employer for references now? ❑ 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.

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.

MEDICAL HISTORY RECORD

Name	Last	First	Middle		
Address	Street	City	Province	Postal Code	Birth Date
Nearest Relative		Relationship	Telephone		Social Insurance No.
Address	Street	City	Province	Postal Code	Telephone
Personal Physician					Telephone
Address	Street	City	Province	Postal Code	Telephone

Please fill in the following questionnaire completely and accurately. Answer each question separately. Do not use ditto (*) marks. This form may be used as a legal document. Answering “Yes” to any question is not automatic grounds for rejection.

REVIEW OF SYSTEMS

Do you have, or have you ever had: (Check Yes or No for every question.)

#	CONDITION	No	Yes	Date	#	CONDITION	No	Yes	Date
1	Eye injury or disease (other than glasses)				26	Jaundice or liver trouble			
2	Glasses or contacts				27	Blood in stools, bowel trouble, colitis			
3	Ear trouble or difficulty hearing				28	Piles or rectal trouble			
4	Nose, Throat or difficulty hearing				29	Frequent urination or bloody urine			
5	Frequent cough or colds				30	Bladder or kidney trouble; stones			
6	Hay fever or allergies				31	Rupture (hernia)			
7	Frequent or severe headache				32	Tendonitis, bursitis, tennis elbow			
8	Head injury or skull fracture; concussion				33	Rheumatism, arthritis; painful joints			
9	Dizziness or fainting spells				34	Knee injury			
10	Epilepsy, blackouts, convulsions				35	Foot trouble or painful feet			
11	Stroke				36	Neck strain or injury			
12	Meningitis or polio				37	Fracture			
13	Nervous trouble or breakdown				38	Dislocation			
14	Thyroid disease or goiter				39	Back trouble, slipped disc			
15	Tuberculosis				40	Back or spine injury			
16	Shortness of breath, pneumonia, lung trouble				41	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			
23	Nausea, vomiting or abdominal pain				48	Varicose veins			
24	Ulcer or frequent indigestion				49	Allergies			
25	Gall bladder trouble				50	Amputations			

Explain “Yes” answers fully (indicate by number)

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PRE-ASSESSMENT INFORMATION

Name: _____

Position Applied For: _____

Date: _____

Instructions: Please answer the following question. Return completed form with your application.

1. Drug Testing

It is imperative that our employees work in a drug-free environment for safety and dependability. Are you willing to take a drug test to prove that you do not use illegal drugs?

_____ Yes _____ No

2. Driving

A. Do you have a valid driver's license?

_____ Yes _____ No

B. Do you know of anything that would restrict you from qualifying for a commercial driver's license?

_____ Yes _____ No

3. Career Interest

How do you see this opportunity with Aspen Planers matching up with your strengths and interests in forestry and wood products manufacturing?