



BOX 1090  
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LA CRETE, AB T0H 2H0  
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## APPLICATION FOR EMPLOYMENT

### **Personal**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Have you worked with us before? Yes  No  If yes, when approximately? \_\_\_\_\_

Age: \_\_\_\_\_ Do you have reliable means of transportation to get to work? Yes  No

Are you looking for full-time or part-time employment? \_\_\_\_\_

When would you be available to start work? \_\_\_\_\_

Job(s) Applying For: 1) \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_ per hour  
2) \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_ per hour

### **Education**

School Attended: \_\_\_\_\_ Grade/Level Completed: \_\_\_\_\_

College/University Attended & Field of Study (If Applicable): \_\_\_\_\_

Do you speak English? Yes  No  Do you speak German? Yes  No

Can you read and write English? Yes  No

Do you have any other training or certification? Please specify (ex. First Aid, WHMIS, etc.)  
\_\_\_\_\_

### **Employment History**

Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Job Title & Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Employment History (continued)**

Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Employment:  
Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
Job Title & Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Employment:  
Start: \_\_\_\_\_ End: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
Job Title & Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **References**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_ Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relation: \_\_\_\_\_ Employer: \_\_\_\_\_

## **Optional Information**

Marital Status: Single  Married  Common-Law  Separated/Divorced

Do you have any dependents? Yes  No  If yes, how many? \_\_\_\_\_

Do you have any relatives currently employed at La Crete Sawmills? Yes  No

Contact person in case you are unavailable: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Required Information**

Have you ever been convicted of a criminal offense? Yes  No

Are you legally permitted to work in Canada? Yes  No

Thank you for completing this application form and for your interest in employment with us. Your application will be considered for 90 days. If an opening for employment becomes available you may be contacted for an interview.

### **APPLICANT'S CERTIFICATION AND AGREEMENT- PLEASE READ CAREFULLY**

I hereby certify that the information in the above application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_