



Employment Application

Note: Please fill out the application form in full. If you are submitting a résumé, please fill out the application and attach the résumé.

If you are selected for an interview, you may be required to consent to pre-employment drug and alcohol testing and a criminal record check. If you are unwilling to consent to such tests, please do not fill out this application.

APPLICATION DATE: _____			
APPLICANT INFORMATION			
Last Name:		Given Names:	
Street Address:			Apartment/Unit #
City:		Province:	Postal Code:
Phone: (Home)	(Cell)	E-mail Address:	
Date Available to Work:		Social Insurance Number:	
Position Applied for: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Summer <input type="checkbox"/>			
Are you authorized to work in Canada?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for Dunkley Lumber Ltd.?		YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when and in what position?	
Are you willing to work shift work?		YES <input type="checkbox"/> NO <input type="checkbox"/> Are you willing to work weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you possess a valid BC Driver's Licence?		YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a reliable means of transportation? YES <input type="checkbox"/> NO <input type="checkbox"/>	
You will be required to regularly attend work and may be required to perform physically demanding tasks. Do you have any mental or physical health conditions that may limit your ability to regularly attend work or perform certain types of tasks?		If yes, explain: YES <input type="checkbox"/> NO <input type="checkbox"/>	
EDUCATION			
High School:		Address:	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
College/ University:		Address:	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Program/ Major:
Other:		Address:	
From:	To:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Program/Major:
PREVIOUS EMPLOYMENT			
Company:		Phone:	
Address:		Supervisor:	
Job Title:		Employed From:	To:
Responsibilities:			
Reason for Leaving:			
<input type="checkbox"/> May we contact?			
Company:		Phone:	
Address:		Supervisor:	
Job Title:		Employed From:	To:
Responsibilities:			
Reason for Leaving:			
<input type="checkbox"/> May we contact?			
Company:		Phone:	
Address:		Supervisor:	
Job Title:		Employed From:	To:
Responsibilities:			
Reason for Leaving:			
<input type="checkbox"/> May we contact?			



PROFESSIONAL REFERENCES

Full Name:	Relationship:
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Company:	Phone:
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Address:

Full Name:	Relationship:
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Company:	Phone:
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Address:

Full Name:	Relationship:
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Company:	Phone:
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Address:

Please use the space below to describe any additional qualifications you may have:

PRIVACY STATEMENT

The information collected in this application form will be used by Dunkley Lumber Ltd. in compliance with all applicable privacy enactments. Dunkley Lumber Ltd. will take reasonable and appropriate steps to protect the information you provide against unauthorized access, collection, use, disclosure, modification or disposal. If you are not a successful applicant then your application and any attachments will be kept on file for 60 days after which it will be destroyed.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge and I understand that false or misleading information in my application or interview may disqualify me from employment or result in my dismissal.

I hereby authorize Dunkley Lumber Ltd. to contact any of the above named employers, institutions and persons.

Signature:

Date: