

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	At some operations there is an age requirement Do you meet this requirement? 16 years <input type="checkbox"/> Yes <input type="checkbox"/> No 18 years <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you less than 65 years? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No When? Other companies?		
Do you have any relatives working for Aspen Planers Ltd. or any of the AP Group of Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?		
Why have you applied to Aspen Planers Ltd.		
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you accept shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work on Saturdays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work on Sunday? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you work 10 hour shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you work 12 hour shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When could you start?	Do you hold a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time		

EDUCATION/SKILLS

	School Name and Address	Year Completed	Years Attended		Degree/Certificate Held
			From	To	
High School Grade Completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 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.
