



General Employment Application

Please answer all the questions on this form IN FULL, even if you have provided a resume. The questions are designed to assist in assessing your qualifications and are not always answered on resumes. Completing this form will save time and will allow full consideration of your background and skills for current or future employment with Richmond Plywood Corporation Limited. Incomplete forms will not receive this consideration.

GENERAL INFORMATION PLEASE PRINT DATE
LAST NAME FIRST NAME DATE OF BIRTH (yyyy-mm-dd) SOCIAL INSURANCE NO.
STREET ADDRESS CITY HOME PHONE
POSTAL CODE E-MAIL ADDRESS CELL PHONE
ARE YOU LEGALLY ELIGIBLE TO ACCEPT EMPLOYMENT IN CANADA? (PERSONS ELIGIBLE TO ACCEPT WORK ARE CANADIAN CITIZENS, LANDED IMMIGRANTS, AND HOLDERS OF A VALID WORK PERMIT. EVIDENCE OF ELIGIBILITY MAYBE REQUESTED.)
DO YOU HAVE ANY HANDICAP OR HEALTH CONDITION, WHICH WOULD AFFECT YOUR ABILITY TO FILL THE POSITION APPLIED FOR?
HAVE YOU MISSED OR BEEN AWAY FROM WORK MORE THAN 30 DAYS? IF YES, PLEASE EXPLAIN:
ARE YOU WILLING TO UNDERGO A MEDICAL EXAMINATION?
DO YOU HAVE TRANSPORTATION
POSITION APPLIED FOR? FULL TIME PART TIME SUMMER

PREVIOUS EMPLOYERS (PLEASE LIST PRESENT OR MOST RECENT POSITION FIRST)
Table with 4 columns: DATE FROM, DATE TO, COMPANY NAME & PHONE NUMBER, TYPE OF WORK

EDUCATION SKILLS CHECK LAST GRADE/YEAR COMPLETED YEAR COMPLETED
GRADE SCHOOL 6 7 8
SECONDARY SCHOOL 9 10 11 12 13
UNIVERSITY/COLLEGE 1 2 3 4 5
POST GRADUATE UNIVERSITY 1 2 3 4 5
VOCATIONAL/TECHNICAL 1 2 3 4 5
BUSINESS COLLEGE LENGTH OF COURSE
GRADUATION CERTIFICATE OR DEGREE HELD INSTITUTION
PLEASE LIST SPECIAL COURSES YOU HAVE COMPLETED AND INDICATE IF A DIPLOMA, CERTIFICATE, LICENSE OR SIMILAR DOCUMENT HAS BEEN ISSUED:
GIVE DETAILS OF APPRENTICE TRAINING OR ANY OTHER SKILLS ACQUIRED DURING YOUR EMPLOYMENT HISTORY:

LIST BELOW RELATIVES AND/OR ACQUAINTANCES EMPLOYED BY RICHPLY		
NAME:		OCCUPATION:
CLOCK NUMBER:		RELATIONSHIP:
HAVE YOU EVER BEEN EMPLOYED BY RICHMOND PLYWOOD? IF YES, PLEASE EXPLAIN:		<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST OUTSIDE INTERESTS, PROFESSIONAL, BUSINESS AND SOCIAL ORGANIZATIONS TO WHICH YOU BELONG. (Do not list organizations that indicate age, race, colour, creed, place of origin, nationality.)

THIS SPACE IS PROVIDED FOR ADDITIONAL EMPLOYMENT/CAREER OBJECTIVES OR OTHER INFORMATION WHICH MAY HELP TO PLACE YOU.

<p>I certify the information given on this form and enclosures to be true and accurate, and grant Richmond Plywood Corporation Limited permission, without prejudice, to use this information at their discretion.</p> <p>I grant Richmond Plywood Corporation Limited permission to undertake the checking of such references, as they consider necessary. I also authorize Richmond Plywood Corporation Limited to use my social insurance number for internal identification purposes.</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">Signature</p>

THIS AREA IS FOR OFFICE USE ONLY To be completed after hire	MANAGER/SUPERVISOR _____	RATE OF PAY _____
	DEPARTMENT/POSITION _____	HIRE DATE _____
SHIFT <input type="checkbox"/> Shift A <input type="checkbox"/> Other <input type="checkbox"/> Shift B <input type="checkbox"/> Shift C <input type="checkbox"/> Steady Day	WEEKLY SCHEDULE <input type="checkbox"/> Mon-Fri <input type="checkbox"/> Other <input type="checkbox"/> Mon-Sat <input type="checkbox"/> Sat-Sun <input type="checkbox"/> Sun	<input type="checkbox"/> ROTATING
Comments: _____		Application approved by: _____