

3. PREVIOUS EMPLOYMENT (List most recent first)

1 Position:		Duties	
Company Name:			
Company Address:			
Start Date:	End Date:	Permission to contact employer:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final Rate of Pay: \$	<input type="checkbox"/> Per Hr <input type="checkbox"/> Per Mo <input type="checkbox"/> Per Yr	Supervisor:	Phone #:
Reason for Leaving:			

2. Position:		Duties	
Company Name:			
Company Address:			
Start Date:	End Date:	Permission to contact employer:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final Rate of Pay: \$	<input type="checkbox"/> Per Hr <input type="checkbox"/> Per Mo <input type="checkbox"/> Per Yr	Supervisor:	Phone #:
Reason for Leaving:			

2. Position:		Duties	
Company Name:			
Company Address:			
Start Date:	End Date:	Permission to contact employer:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Final Rate of Pay: \$	<input type="checkbox"/> Per Hr <input type="checkbox"/> Per Mo <input type="checkbox"/> Per Yr	Supervisor:	Phone #:
Reason for Leaving:			

4. WORK HABITS (Self Assessment)

Compared to others with whom you have worked, please indicate your performance with respect to:

Below average

Average

Above Average

	Below average	Average	Above Average
Compliance to Safety Rules			
Daily Attendance			
Punctuality (Start time, scheduled breaks, etc.)			

5. Additional Information:

Is there anything we haven't asked you that you would like to tell us about yourself with respect to a position with SLS:

READ CAREFULLY BEFORE SIGNING:

Applicant's Declaration:

1. I certify that the information given on this application is true and that any untrue statements could be grounds for dismissal if hired.
2. I understand that incomplete applications may not be considered.
3. I understand that a pre-employment medical may be required.
4. I understand that I must complete an applicable probationary period.
5. I understand that I may be asked to produce my social insurance card.
6. I hereby give Spray Lake Sawmills (1980) Ltd. permission to contact my former employers to obtain references

Signature of Applicant _____ Date Signed: _____, 20 _____

Thank you for your interest in Spray Lake Sawmills.

Please fax this form to (403) 932-6675 or mail it to 305 Griffin Road West, Cochrane, AB, T4C 2C4