



Sen Western
Wholesale Lumber Ltd.

Application Form

Today's Date:

Date Available:

APPLICATION

Position Applying For:

APPLICATION INFORMATION

Surname:	First Name:	Middle Name:
Address:	Street:	
	City:	
	Postal Code:	
Mailing Address: <i>(complete if different)</i>	Street:	
	City:	
	Postal Code:	
Phone:	Cell:	Email:

Are you legally eligible to work in Canada	Yes/No	
Do you Possess a valid BC Driver's License	Yes/No	License #
Has your Driver's License ever been restricted, suspended and or revoked?	Yes/No	If yes, explain why
Do you hold a valid First Aid Certificate?	Level 1/Expiry	Level 2/Expiry Level 3/Expiry

GENERAL HEALTH

Poor	Fair	Average	Good	Excellent
Do you have any physical or mental conditions that while may limit your ability to perform certain work		Yes/No		
<i>if yes, describe such defect (s) and specific work limitations:</i>				
Have you had a major illness in the past 5 years				
Have you obligations that could interfere with your attendance, if yes, describe		Yes/No		

EMPLOYMENT HISTORY

Company	Address	Phone #	From - To	Reason for Leaving

Company	Address	Phone #	From - To	Reason for Leaving
Company	Address	Phone #	From - To	Reason for Leaving
Company	Address	Phone #	From - To	Reason for Leaving
Do you have any objections to us checking with your former employer(s)	Yes/No			
I certify that the information shown on this application and in other documents I have referred to (or attached) is true. I understand that any falsification, misrepresentation or withholding of relevant information will be cause for denial of employment or immediate termination when discovered after employment.				
Signature:				
I hereby acknowledge that any job offer may be confidential upon passing a medical/drug examination requested by the Company and as administered by a company appointed doctor. I understand that failure to meet the Company's standards pertaining to medical fitness is sufficient cause to disqualify me from employment or may cause dismissal.				
Signature:				