



# Application For Employment

Please complete both sides of this Application Form. Palliser Lumber Sales Ltd. keeps all applications that do not result in employment on file for three months only.

First Name:	Last Name:	Phone No.:
Address:		E-mail.:
City:	Postal Code:	

Date Available To Start:	Available To Work Shift? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Summer Employment <input type="checkbox"/>	Have You Worked Here Before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, When?
Do You Know Anyone Who Works For Us? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Whom?	Do You Have Reliable Transportation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do You Have Any Health or Physical Conditions That May Interfere With Your Work Performance In Any Way? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please Explain:		

How did you hear about Palliser Lumber Sales Ltd.?				
<input type="checkbox"/> Walk in	<input type="checkbox"/> Online	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Advertisement <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio	<input type="checkbox"/> other

**~PLEASE ATTACH RESUME IF AVAILABLE~**

## EDUCATION

Highest Grade Completed:	Vocational/Trade School:	Other Training:
Name of Last School Attended:		
Education Review:		

**The Human Rights Code Prohibits Discrimination In Employment Based On Age, Sex, Race, Color, Religion, National Or Ethnic Origin, Disability or Marital Status.**

**Completed applications may be returned by:**

Fax: (403) 946-0005

E-mail: [scott@palliserlumber.com](mailto:scott@palliserlumber.com)

In person or by mail:

16 McCool Crescent, Crossfield Alberta



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EMPLOYMENT HISTORY (Beginning With Present or Last Employer)		
Name of Employer:	Address:	Phone:
Supervisor's Name:	Salary:	Position Held:
Start Date:	End Date:	Reason For Leaving:
May We Contact This Employer? Yes <input type="checkbox"/> No: <input type="checkbox"/>		
If No, Please Explain:		
Name of Employer:	Address:	Phone:
Supervisor's Name:	Salary:	Position Held:
Start Date:	End Date:	Reason For Leaving:
May We Contact This Employer? Yes <input type="checkbox"/> No: <input type="checkbox"/>		
If No, Please Explain:		
Name of Employer:	Address:	Phone:
Supervisor's Name:	Salary:	Position Held:
Start Date:	End Date:	Reason For Leaving:
May We Contact This Employer? Yes <input type="checkbox"/> No: <input type="checkbox"/>		
If No, Please Explain:		
REFERENCES		
Name:	Years Known:	Phone No.:
Name:	Years Known:	Phone No.:
Name:	Years Known:	Phone No.:
List Any Related Experiences, Skills, Qualifications or Interests:		

**Please Read Carefully:** I hereby certify that the facts stated in this employment application are true and complete to the best of my knowledge. I further authorize Palliser Lumber Sales Ltd. to contact my previous employer(s) that I have marked "Yes" as well as any or all of the references I have listed above. Should I be under the age of eighteen (18) years, I will inform Palliser Lumber Sales Ltd. of this fact upon receiving an interview. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

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