

**Slocan Integral Forestry Cooperative**

Box 189, Winlaw, BC V0G 2J0

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# Application for Employment

Please complete all fields, or enter N/A if not applicable.

Attach additional paper if insufficient space provided for any answer.

Mail or email completed application to addresses above

1. Applicant

|  |  |
| --- | --- |
| Full Name:  |   |
| Residence Address:  |   |
| Mailing Address:  |   |
| City:  |   | Postal Code:  |   |
| Home Phone:  |   | Message Phone:  |   |
| Email:  |   |
| Age:   |   |
|  Are you legally eligible to work in Canada?   | Yes: □ No: □   |
| Valid Driver’s Licence?  | Yes: □ No: □  | Licence Class:  |   |

1. Education

|  |  |
| --- | --- |
| Education completed:  | High School □ University/College: □ Trade School: □  |
| Highest Grade/Level completed:  |   | Name of Course/Program:  |   |
| Licence, certificate or diploma awarded?  |   | If yes, name of Licence, certificate or diploma:  |   |
| Other courses, workshops, seminars, licences, certificates or degrees relevant to position applied for:  |
|   |

1. Work Related Skills:

|  |
| --- |
| Describe any skills, experience, training or equipment you can operate that relate to the position being applied for.  |
|   |

1. Employment History

I authorize SIFCo to contact the organizations listed below for the purpose of obtaining reference information contained in my personnel file. I authorize the organizations to disclose such information.

|  |  |
| --- | --- |
| Name of Most Recent Employer:  |   |
| Address:  |   | Type of Business  |   |
| Phone:  |   | Job Title:  |   |
|  Period of Employment: From To  |
| Reason for Leaving:  |
| Duties/Responsibilities:  |

|  |  |
| --- | --- |
| Name of Previous Employer:  |   |
| Address:  |   | Type of Business  |   |
| Phone:  |   | Job Title:  |   |
|  Period of Employment: From To  |
| Reason for Leaving:  |

Duties/Responsibilities:

|  |  |
| --- | --- |
| Name of Previous Employer:  |   |
| Address:  |   | Type of Business  |   |
| Phone:   |   | Job Title:  |   |
|  Period of Employment: From To  |
| Reason for Leaving:  |
| Duties/Responsibilities:  |

5. Personal References

I authorize SIFCo to contact the individuals listed below for the purpose of obtaining personal reference information. These individuals are authorized to disclose such information

|  |  |  |
| --- | --- | --- |
| **Name**  | **Title, if any:**  | **Phone Number**  |
|   |   |   |
|   |   |   |

I hereby declare that the information above is true and complete to my knowledge. I understand that a false statement may disqualify me from employment or be cause for my dismissal.

|  |  |
| --- | --- |
|   |   |
| **Signature**  | **Date**  |

**Only applicants selected for interviews will be notified.**