

**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.**