

# APPLICATION FOR EMPLOYMENT

Please print and answer all questions. If one does not apply, insert "N/A".

If additional space is required to adequately answer any question, please indicate by an asterisk (\*) and identify the supplemental information on a separate sheet. If the information asked for has been provided in another document (for example, in a resume) enter "see resume" (or other document) in the appropriate blank(s).

The information provided by the applicant will be used in conformity with the human rights and privacy laws of BC.

We consider applicants without regard to age, race, colour, creed or religion, ancestry, origin, sex, sexual orientation, marital status, family status, record offences, disability or other protected ground.

PERSONAL BACKGROUND			
Name: Last	First	Middle	Phone:
Present Address (Street, Box, Apartment)		Contact in case of emergency Name: Phone:	
City, Province	Postal Code	E-mail address (if applicable)	
Have you the legal right to work in Canada? (You must be a Canadian citizen, landed immigrant or hold a work permit)  Yes <input type="checkbox"/> No <input type="checkbox"/>		Date available for employment	
Type of employment desired			
1)	2)		
Permanent <input type="checkbox"/> Full Time <input type="checkbox"/>	Temporary <input type="checkbox"/> Part-time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Professional Licences and Certificates			
Are you willing and able to work shift work including weekends, evenings or holidays if required by the nature of the work? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain restrictions:			
Have you been convicted of a criminal offence that is relevant to the job applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, briefly describe			
If applying for a position which requires you to drive on the job, please complete the following.			
Do you possess a valid driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		Has your driver's licence ever been restricted, suspended and/or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain why:	
Driver's licence number	Class of Licence	Province	

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EDUCATIONAL BACKGROUND						
Names of high schools, colleges, universities.	Address of school	DATE:		Diploma/Degree	Grad. Date	Grade Point Avg. A = 4
		From	To			

**Attach copies of degrees, professional designation, Dogwood, etc.**

High school or college honours, publications, professional societies, athletics and other extra-curricular activities which may relate to the job you are applying for. *Indicate positions held.*


## TECHNICAL SKILLS

List any specialized technical skills/tools, equipment or machines used.

Tools:

Machines/equipment (office and manufacturing):


Personal computer skills/software use:

Keyboarding speed:            wpm

Word processing (specify software):

Desktop publishing (specify software):

Spreadsheets (specify software):

Graphics (specify software):

Programmer Languages:

Please list any additional skills/training you have that may be relevant to the employment you are seeking:

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## BUSINESS EXPERIENCE/PREVIOUS EMPLOYMENT

Please start with your most recent position.  
Please account for at least the last ten years. Please identify any gaps.

Company (1)		Address	
Kind of business		Employed from:	To:
Position		Monthly compensation or hourly rate	
Nature of work			Number supervised
Name of Supervisor	Position of Supervisor	Telephone	
Remarks: State clearly your reasons for leaving or desiring to change from this position.			
May we contact your present employer?    Yes <input type="checkbox"/> No <input type="checkbox"/>			

Company (2)		Address	
Kind of business		Employed from:	To:
Position		Monthly compensation or hourly rate	
Nature of work			Number supervised
Name of Supervisor	Position of Supervisor	Telephone	
Remarks: State clearly your reasons for leaving or desiring to change from this position.			

Company (3)		Address	
Kind of business		Employed from:	To:
Position		Monthly compensation or hourly rate	
Nature of work			Number supervised
Name of Supervisor	Position of Supervisor	Telephone	
Remarks: State clearly your reasons for leaving or desiring to change from this position.			

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References (two business and one character reference)				
Name	Position	Company	Address and Phone #	Character/Business
1.				
2.				
3.				

Have you ever been employed by, or applied for employment with, Island Timberlands or its predecessor Weyerhaeuser?  
 No     Yes     If yes, please provide details of employment:

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Location (if you've applied for employment with Island Timberlands within the last 24 months, list all locations applied to):

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**APPLICANTS BE SURE TO READ THOROUGHLY BEFORE SIGNING:**

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.

In connection with my application for, and any subsequent employment with Island Timberlands LP, I hereby authorize any person, organization, reference, agency (which may include credit bureaus, law enforcement agencies, driver licensing bureaus and educational institutions where permitted by law) to supply Island Timberlands LP or its agent(s) as its duly authorized representatives, any job-related information that Island Timberlands LP deems relevant to my qualifications for employment.

I acknowledge and am aware that Island Timberlands LP may collect, use and disclose personal information about me for the purposes reasonably required to establish, manage or terminate our relationship as permitted under relevant privacy legislation.

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Signature

Date

**Forward completed application to:**

**Island Timberlands LP  
 Attention: Human Resources  
 65 Front Street, 4<sup>th</sup> Floor  
 Nanaimo, BC V9R 5H9**

**E-mail: [info@islandtimberlands.com](mailto:info@islandtimberlands.com)**

**Fax: (250) 755-3540**