



Slocan Integral Forestry Cooperative

Box 189, Winlaw, BC V0G 2J0
Ph: 250-226-7012 Fax: 250-355-2331
www.sifco.ca

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 completed application to mailing address above

1. Applicant

Full Name:			
Residence Address:			
Mailing Address:			
City:		Postal Code:	
Home Phone:		Message Phone:	
Email:			
Are you legally eligible to work in Canada?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
Valid Driver's Licence?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Licence Class:	

2. Education

Education completed:	High School <input type="checkbox"/> University/College: <input type="checkbox"/> Trade School: <input type="checkbox"/>		
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:			

3. Work Related Skills:

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

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4. 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.