

APPLICATION FOR EMPLOYMENT



Title:

Surname			First	First Name					
Address			1		City				
Postal Code	Phone		Wages Expecte	d	SIN #.				
Position applying for:					Today's Date				
Check off the following YES or NO questions:						YES	NO		
 Are you legally eligible to work in Canada? Are you available immediately? 						님	H		
If you have answered	NO to any of the	guestions above plea	se give detail	s:					
,	<u></u> to u, o. u	quodiono abovo pios	g. r	<u>.</u>					
3. Do you have any fr	iends / relatives tha	t work with us?				YES	NO		
·		thill Lumber / Fonthill Ro ork with Fonthill Lumber		ooforo?		님	H		
		minal offence for which a			ed?				
If you have answered	If you have answered YES to any of the questions 3 through 6 please give details:								
,		1 1	.,						
						YES	NO		
Are you employed now?									
*if so, may we contact your present employer?									
CHECK THE FOL	LOWING								
Available for:	Disc	overed us through:		Language	e spoken:	Language	written:		
Full Time		onal Contact		English		English			
Part Time	Adve	rtisement		French		French			
Temporary Shift		loyment Agency ernment Agency		Other: Specify		Other: Specify			
	Othe								
EDUCATION									
SCHO	31	CITY	MAINI	COURCE(C)	YEARS		MA / DEGREE		
University or College	JL .	CITY	WAIN	OURSE(S)	From	To GRANT	TED / EXPECTED No		
						Title:			
High School						Yes	No		
						Title:			
Other (specify)						Yes	No		



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Oo not include organizations tha				erest to us!		
Putside interests (activities, ho ackground.	bbies, sports, leisure) Do n	ot include organization	ons that identify your re	ligious, nation	al or ethnic	
MPLOYMENT HISTORY						
Company Name		Employer / Supervisor	_ I	May we call ? Yes No		
Street and City	Street and City		Phone Number			
				From:	To:	
Position Held	Final rate pay	Duties				
Company Name		Employer / Supervisor		May we call ?		
Street and City	Street and City		one Number	Yes No Date Employed		
Position Held	Final rate pay	Duties		From:	То:	
	, p.,					
Company Name	Company Name		Employer / Supervisor			
Street and City		Pho	one Number		Yes No Date Employed	
Position Held	Final rate pay	Duties		From:	From: To:	
PERSONAL REFERENCE	S					
Give below the names of two p Do not list pastors, priests or m		whom you have know	wn for at least one year			
NAME	CITY OF RESIDENCE	PHONE NUMBER	OCCUPATION	YEAR	RS ACQUAINTED	
* DDIVED ADDI ICANTO	ONLY (ARSTRACT	DEOLUDED) * *	1			
* DRIVER APPLICANTS ONLY (ABSTRACT F Driver License No.		Expiry Date		Class of License		
XPERIENCE						
Type of Vehicle		Tra	Avg. hr	Avg. hrs. driving/day		



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DISCLOSURE STATEMENT

I authorize Fonthill Lumber Inc. or Fonthill Roof Trusses Inc. to verify all statements contained in this application for employment and to contact my previous employers for references except as limited above for my present employer. I understand and permit Fonthill to make inquiries of and request any information from persons and companies noted and referred to in this application form, noted in any resume, letter or other material furnished by me, and consumer, credit or investigative reporting agencies. I understand and agree that no person or organization shall be liable as consequence of the answers given to such inquiries.

I understand that my employment is conditional upon (1) my passing skill test (if required) (2) my passing any physical or psychological examination or test for the purpose of determining whether I am incapable of performing or fulfilling the essential duties or requirements attending the performance of the skills and duties of my employment (3) Fonthill receiving satisfactory employment references, (if required) (4) my signing an employment agreement relating to their terms and conditions of employment which shall govern the relationship (5) my providing my date of birth and eligibility to work in Canada and (6) my providing any required academic or occupational certificates, licenses or other reasonable requested documentation.

I authorize and to agree that in the event that my employment is terminated for any reason and I am indebted to Fonthill Lumber Inc. or Fonthill Roof Trusses Inc. Fonthill may set off the said amounts against any remuneration of any kind owed to me as a result of my employment with Fonthill including but not limited to any bonus, severance pay, termination pay, outstanding remuneration and vacation pay. I hereby to provide any authorization necessary to allow Fonthill to set off against any such amounts as reasonable requested.

I understand that my employment with Fonthill Lumber Inc. or Fonthill Roof Trusses Inc. will include a probationary period of ninety (90) full working days, during which time my attitude and skills will be assessed. I understand that if my attitude or skills are below Fonthill's acceptable standards or if I am willing or unable to properly carry out my duties, in the sole discretion of Fonthill it has the right to terminate my employment at any time during the first ninety (90) full working days of the probationary period without cause or notice or money in lieu of such notice.

I agree to become a member of any company compulsory benefit plan(s) and to remain a member of such plan(s) for the period that the requirements exists.

I certify that all statements I have made in this application and my resumes, letters or other materials furnished or submitted by me are absolutely true and correct. I acknowledge that any false, misrepresented or omitted statements are sufficient to disqualify me from consideration for employment, could result in a withdrawal of any offer already made and constitute just cause for the termination of my employment, regardless of seniority or other considerations.

We sincerely appreciate your interest in our company. We will give you full and fair consideration for employment with us. Fonthill Lumber Inc. or Fonthill Roof Trusses Inc. is committed to the principles of the Ontario Human Rights Code. A d

thorough understanding of your experience and qualifications will a will help us in planning your future with Fonthill . The information y confidence.		
Applicant's Signature	Date	