

Application For Employment

(Please attach copy of résumé)

Position Applied For:	Type of Employment: Full Time: <input type="checkbox"/> Permanent: <input type="checkbox"/> Part Time: <input type="checkbox"/> Temporary: <input type="checkbox"/>	Date:
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PERSONAL

Name of Applicant:

Surname	First Name	Initial(s)
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Address: (No., Street, City, Province, Postal Code)

Telephone Number: Home _____ Business _____

Are you of legal age to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you available for:

Shift Work:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Indicate Hours/Days Available for Work: _____ _____ _____
Weekends:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Statutory Holidays:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Do you, or have you in the past had, a criminal conviction for which you have not been pardoned?
 (only required if applicant is applying for a position in NS, NB, or NL)

Yes No

Have you worked for us before?

Yes No

If so, give dates: _____ Department: _____

If not, were you directed here for employment?

Yes No If so, by whom? _____

Are you related to anyone who works, or has worked, for Maritime Paper Products Limited?

Yes No If so, whom? _____

Do you have a valid driver's license? (only required if the position applied for requires the applicant to operate a motor vehicle)

Yes No

If hired, when would you be available for work? _____

EDUCATIONAL BACKGROUND (If hired, proof of education is required)

School / College / University	Graduated?	Grade Completed: Degree/Diploma Received
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT (list most recent position first)

Employer:	Your Job Title:
Address:	Duties:
Phone:	
Supervisor:	Reason for Leaving:
Employment from: to	Salary
May we contact for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>

Employer:	Your Job Title:
Address:	Duties:
Phone:	
Supervisor:	Reason for Leaving:
Employment from: to	Salary
May we contact for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>

Employer:	Your Job Title:
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Phone:	
Supervisor:	Reason for Leaving:
Employment from: to	Salary
May we contact for a reference?	Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>

COMMENTS (including explanation of any gaps in employment: _____)

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is the best job you have ever had? Why did you like it so much? _____

What was your least favorite job? What did you NOT like about it? _____

Who was the best supervisor or manager you have had? What characteristics made that person a good manager? _____

Think of the WORST supervisor or manager you've had. What characteristics made that person a POOR manager? _____

What are your greatest strengths? _____

What traits or characteristics do you most admire in co-workers? _____

What traits or characteristics do you most DISLIKE in co-workers? _____

What was the best thing a supervisor or manager has ever said about your work? _____
