

### 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) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 (No., Street, City, Province, Postal Code) Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

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: \_\_\_\_\_ Indicate Hours/Days Available for Work: \_\_\_\_\_

Shift Work:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
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?

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:
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"/>

**COMMENTS** (including explanation of any gaps in employment: \_\_\_\_\_)

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## PLEASE ANSWER THE FOLLOWING QUESTIONS

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

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

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

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

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What are your greatest strengths? \_\_\_\_\_

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

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

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

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Occasionally the form of an application blank makes it difficult for an individual to adequately summarize his/her complete background. Use the space below to list any experiences, skills, or qualifications you feel are relevant. Include volunteer work and any special training you may have.

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**REFERENCES**

Give the names of three people, excluding relatives, who are sufficiently familiar with your qualifications and character. Please list at least two previous employers.

Name	Occupation	Address	Phone

May we contact your present employer?      Yes          No   

**CERTIFICATION**

In signing this application I understand that, if hired, any deliberate omission or falsifying information by me on this application will be sufficient reason for my dismissal from Maritime Paper Products Limited Partnership. If hired, I agree to a pre-placement health assessment to determine my ability to perform functions of the job for which I am applying, and understand that any job offer by Maritime Paper Products Limited Partnership is conditional upon my success in passing said health assessment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for completing this application and for your interest in Maritime Paper.**