



**APPLICATION FOR EMPLOYMENT**

We appreciate your interest in Howe Sound Pulp & Paper Corporation. A complete history of your education, training and employment will assist us in assessing your potential for employment and future advancement. Please complete this application, attach your resume and cover letter, and return to Human Resources, Howe Sound Pulp & Paper Corporation, 3838 Port Mellon Hwy., Port Mellon, B.C., Canada V0N 2S0 or [employment\\_coordinator@hspp.ca](mailto:employment_coordinator@hspp.ca)

This application informs you of certain pre-employment and employment conditions. It authorizes Howe Sound Pulp & Paper Corporation to investigate and confirm your employment and personal information.

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_  
 Address, City, Province, & Postal Code: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Are you legally able to work in Canada: Yes  No

**WHAT TYPE OF WORK ARE YOU APPLYING FOR:**

Applying for: Full Time Work  Part Time Work  Temporary Work  Seasonal Work   
 Manufacturing operations: Production  Maintenance  Technical  Administration   
 Specify job: \_\_\_\_\_

**EDUCATION & TRAINING**

Name of Secondary School: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Grade completed: \_\_\_\_\_ or General Education Diploma: \_\_\_\_\_  
 Course of studies: \_\_\_\_\_  
 Vocational or Technical School attended: \_\_\_\_\_  
 Certificate or degrees obtained: (Attach copy) \_\_\_\_\_  
 College or University attended: \_\_\_\_\_  
 Certificate or degrees obtained: (Attach copy) \_\_\_\_\_  
 Other special skills/training related to the pulp and paper industry such as: machine operator, equipment operator, occupational first aid, computer courses, WHMIS, Transportation of Dangerous Goods, etc.:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Other courses or training you have completed: \_\_\_\_\_  
 Do you have a current driver's license: Yes  No  Class \_\_\_\_\_  
 Do you have a current Air Brake Endorsement: Yes  No

## EMPLOYMENT RECORD

Present Employer: \_\_\_\_\_ May we contact this employer? Yes  No   
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Position(s) held/duties performed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

Previous Employer: \_\_\_\_\_ May we contact this employer? Yes  No   
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Position(s) held/duties performed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

Previous Employer: \_\_\_\_\_ May we contact this employer? Yes  No   
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Employed from: \_\_\_\_\_ to: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Position(s) held/duties performed: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE ENSURE DETAILS, PHONE NUMBERS, ETC. ARE CORRECT AND COMPLETE FOR REFERENCE CHECK.**

## ADDITIONAL INFORMATION/COMMENTS


## JOB RELATED, PHYSICAL, SENSORY OR MENTAL CONDITIONS

Certain work tasks or activities may be hazardous to an individual because of health problems. The following samples may be used as guidelines. Not all criteria/physical demands are required in all jobs. The criteria will be examined in relation to the specific position you are applying for. Existence of a health problem does not constitute automatic bar from employment.

Noise	Repetitive Wrist Motions	Climbing Stairs
Dusts, including wood dust	Repetitive Knee Motions	Weather Conditions
Fumes	Repetitive Back Rotation	Heat Sensitivity
Allergies, Asthma	Repetitive Lifting	Work at heights
Cedar Allergy	Repetitive Bending	Dangerous Machines
Heavy Physical Labour	Speech or Hearing	Moving Equipment
Repetitive Arm Motions	Vision or Sight Impairment	Continuous Standing

Have you ever had a personal health problem related to the above:    Yes     No

If Yes, describe any disabilities or other special conditions you may have that could affect your ability to perform work procedures, your personal safety, or the safety of other employees: \_\_\_\_\_

Have you applied for Workers' Compensation benefits/claim previously:    Yes     No

Describe: \_\_\_\_\_

Have you been awarded a pension or settlement arising out of a WCB claim or a claim for compensation as a result of a permanent impairment or injury:    Yes     No

Describe: \_\_\_\_\_

## JOB AVAILABILITY AND ATTENDANCE

Pulp and Paper manufacturing requires employees to work various hours, shifts and days of the week including Saturday and Sunday. The shifts include day shift, afternoon shift and night shift. Employees must have a telephone and are on "on call" and subject to being called to report to work at any hour of the day or day of the week. If your limitation is because of a protected ground under applicable Human Rights Legislation, we will review that factor to see if we can reasonably accommodate your employment.

Do you have any restrictions to the hours per day you are available to work:    Yes     No

Are you willing and able to work all the days of the week as required:    Yes     No

Please explain any restrictions, limitations or personal reasons for not being available for any shifts or days of the week: \_\_\_\_\_

### References

Name	Address	Telephone	Occupation	Years Known

## HEALTH AND SAFETY

At Howe Sound Pulp & Paper, the health and safety of our employees is of utmost importance. One of our goals is to have employees return to their homes each day without injury or illness. In our manufacturing operations, employees are exposed to hazardous equipment, machinery and processes that can cause serious injury, permanent disability, or loss of life.

The Company is committed to hiring candidates who will apply their individual skills, knowledge, ability and initiative to avoid accidents or injuries. Alcohol and substance misuse are significant contributing factors to injury and illness rates in industry. The misuse of alcohol and drugs can expose a new employee and other employees to an increased and unnecessary risk of injury.

Therefore, those applicants that are successful in the application process, may be required to attend a medical evaluation including flexibility assessment, and/or back x-ray screening, and an alcohol and drug screening.

## INFORMATION AND AUTHORIZATION BY APPLICANT

Please read the following items carefully before signing the application.

1. I understand that this employment application and any other company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, or be terminated for cause. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee. I further understand and acknowledge that nothing contained in any employee handbook or policy statement nullifies or modifies the foregoing employment at will policy.
2. I understand the commencement of my employment will be conditional on the satisfactory results of an employment entrance examination, which may include a drug screen. I am willing to take a physical examination and authorize the doctor or examiner involved to disclose the results of the examination to Howe Sound Pulp & Paper.
3. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or dismissal from service if I have been employed. My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief.
4. In filling out this form I understand that Howe Sound Pulp & Paper may investigate any of the facts or statements submitted by me. My signature below hereby grants permission to check any information provided EXCEPT where my written statement upon this form specifically request that no investigation be made.
5. In signing this form I authorize Howe Sound Pulp & Paper to do employment reference checks unless otherwise stated previously in this form.

**I have read and understood the above information**

Signature of Applicant: \_\_\_\_\_ Date signed: \_\_\_\_\_

**PLEASE REVIEW THIS FORM AND MAKE SURE YOU HAVE ANSWERED EACH ITEM.**