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 Phone (204)623-8659/Fax (204)623-4560

# APPLICATION FOR EMPLOYMENT

DATE: 

DAY	MONTH	YEAR

Canadian Kraft Paper Industries Ltd. is an equal opportunity employer and consideration for employment is based solely on qualifications.

## PERSONAL INFORMATION

Name (Last):	(First)		
Present Address (Mailing):	City:	Province:	Postal Code:
Email Address:	Home Telephone #:		Cell Phone #:

## POSITION

Position or Type of Employment Desired:	<input type="checkbox"/> Permanent <input type="checkbox"/> Summer	<input type="checkbox"/> Term/Temp <input type="checkbox"/> Casual
Were you referred by a Canadian Kraft Paper Employee? (If so, please state who)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you legally entitled to work in Canada?	Yes	No
Are you over the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
Have you previously been employed by this company?	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid Motor Vehicles Operator's License?	<input type="checkbox"/>	<input type="checkbox"/>
As a condition of employment, would you be willing to take a medical exam at the expense of CKP?	<input type="checkbox"/>	<input type="checkbox"/>

## EDUCATION

High School Graduate or General Education Diploma (GED)?  Yes  No *(Please attach transcript or diploma)*

List Post-Secondary School(s) attended College Diploma, University Degree, Certified Training Obtained

School Name & Location	Program	Level Completed	Graduation Date

## OCCUPATIONAL TRAINING, LICENSES, CERTIFICATES OR REGISTRATIONS

Please provide a list of any training or job experience and skills which will assist you in applying for this position:

Licenses, Certificates or Registrations	Number	Expiration Date

## EMPLOYMENT BACKGROUND

*Please provide information on your past employment starting with your most recent position.*

<u>Company:</u>	Position:
Supervisor/Manager:	Telephone Number:
Start Date:	End Date:
Job Duties:	Reason for Leaving:
<u>Company:</u>	Position:
Supervisor/Manager:	Telephone Number:
Start Date:	End Date:
Job Duties:	Reason for Leaving:
<u>Company:</u>	Position:
Supervisor/Manager:	Telephone Number:
Start Date:	End Date:
Job Duties:	Reason for Leaving:

## REFERENCES

*Please Provide the names of three references (excluding relatives) whom we may contact about your job performance. Please include at least two former supervisors.*

<u>Name:</u>	Title/Occupation:
Company:	Telephone Number:
<u>Name:</u>	Title/Occupation:
Company:	Telephone Number:
<u>Name:</u>	Title/Occupation:
Company:	Telephone Number:

I authorize Canadian Kraft Paper to contact the persons listed above for the purpose of obtaining reference information. These persons are authorized to disclose such reference information.

I hereby certify that I am legally eligible to work in Canada. I also certify that statements made herein are true and that any falsification or willful omission shall be cause for refusal of employment or subsequent dismissal. I agree that the Company has the right to collect, use and disclose the personal information contained in this application solely for the purpose of assessing my suitability for employment with the Company and may require a medical/drug exam and pre-employment testing as it sees fit in connection with this application. It is understood that if employed, I will accept all conditions of employment as set out by CANADIAN KRAFT PAPER INDUSTRIES LTD.

I understand that the information will be used only for the purpose of assessing my suitability for employment at Canadian Kraft Paper Industries LTD. Completing the Essential Skills Assessment successfully is required for consideration of employment.

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

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

*Please submit completed application including all attachments (resume and transcript/diploma) to [careers@ckpi.com](mailto:careers@ckpi.com)*