



PO BOX 1590, The Pas, MB R9A 1L4
E-mail: careers@ckpi.com

APPLICATION FOR TEMPORARY EMPLOYMENT-SHUTDOWN

Phone (204)623-8632

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 Desired: (JOURNEYMAN TRADES or LABOURER)	<input type="checkbox"/> Journeyman Trades <input type="checkbox"/> Labourer
Were you referred by a Canadian Kraft Paper Employee? (If so, please state who)	
Are you legally entitled to work in Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>

EDUCATION

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

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:

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.

Signature: _____ Date: _____

Please submit completed application including all attachments (RED SEAL CERTIFICATION) to careers@ckpi.com



Job Requirements – Temp Labourer

The purpose of this document is to provide information in assessing an Applicant's ability to perform the duties of the above-noted position.

As a temp labourer your position may involve the following. Please indicate by circling yes or no if you are able/unable to perform the following duties:

<u>Are you able to work the following shifts?</u>			Comments
Work 12 hour shifts, rotating days and nights and working 4 days on, 4 days off	Yes	No	_____
Work 10 hour shifts, Monday to Thursday	Yes	No	_____
Work 8 hour shifts, Monday to Friday	Yes	No	_____

<u>Are you able to lift or carry?</u>			
Lift or carry: 1% - 25% of the time up to 50 pounds/25 kg	Yes	No	_____
1% - 25% of the time up to 20 pounds/10 kg	Yes	No	_____
1% - 25% of the time up to 10 pounds/5 kg	Yes	No	_____

<u>Are you able to maintain the following activities before changing position or activity?</u>			
0 – 30 minutes sitting at one time	Yes	No	_____
30 – 60 minutes standing at one time	Yes	No	_____
0 – 30 minutes driving at one time	Yes	No	_____

<u>Are you able to spend?</u>			
25% – 50% of the time walking	Yes	No	_____
1% – 25% of the time climbing	Yes	No	_____
25% – 50% of the time daytime driving	Yes	No	_____
50% – 75% of the time nighttime driving	Yes	No	_____
1% – 25% of the time reaching above shoulder height	Yes	No	_____
1% – 25% of the time reaching at shoulder height	Yes	No	_____
25% – 50% of the time reaching below shoulder height	Yes	No	_____
1% – 25% of the time bending or crouching	Yes	No	_____
1% – 25% of the time kneeling or crawling	Yes	No	_____

<u>Do you have experience operating a:</u>			
Forklift	Yes	No	_____
Lawn mower	Yes	No	_____
Weed trimmer	Yes	No	_____
Other heavy duty equipment _____	Yes	No	_____
Willing to learn	Yes	No	_____

Are you able to work in the following conditions with the appropriate safety training and personal protective equipment?

Outside	Yes	No	_____
In extreme cold or heat	Yes	No	_____
In damp or humid environment	Yes	No	_____
In a noisy environment	Yes	No	_____
In a dusty or unventilated environment	Yes	No	_____
Around toxic fumes	Yes	No	_____

Do you have a:

Fear of heights	Yes	No	_____
Fear of open floor grating	Yes	No	_____
Fear of small spaces	Yes	No	_____

Are you able to handle the following materials with the appropriate safety training and personal protective equipment?

Diesel fuel, Motor oil, Hydraulic oil, Acid, Caustic materials, Gas, Cleaning product, Salts, etc.	Yes	No	_____
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Are you able to wear and be fit tested to wear the following respirators?

Disposable particulate respirator (dusk mask)	Yes	No	_____
Half-face respirator with particulate air filter	Yes	No	_____
Powered air purifying respirator with a particulate filter	Yes	No	_____

Additional Comments:

Applicant's signature

Date