



30440 Progressive Way, Abbotsford BC V2T 6W3

APPLICATION FOR EMPLOYMENT

JOB APPLICATION PROCEDURES

1. Please **fully complete this application form**, and attach a copy of your resume, if available. **Do not write "see resume"**. If your application is not fully completed, it will not be considered.
2. Ensure that you print clearly, so that your application is readable.
3. We will contact successful applicants as positions become available.
4. All applications will be kept on file for six months.

SECTION 1 POSITION INFORMATION

Position(s) applied for _____ Date of application _____
Type of employment sought Full-time Part-time Summer
Approximate wage desired \$ _____ per hour Date available, if hired _____
Have you ever applied to work here before? Yes No
Have you ever worked here before? Yes No
If so, give the dates and positions that you applied for and/or filled here _____

SECTION 2 PERSONAL INFORMATION

Name _____ Telephone No. _____
Last First Middle
Address _____
No. Street City Province Postal Code
Referred by: Employee (please provide name) _____
(Please check one) Employment Ad (please provide source) _____
 Other (please explain) _____
1. Are you legally entitled to work in Canada? _____
2. Are you bondable? _____ If not, please explain _____
3. Do you have any physical/emotional condition(s) that may interfere with your ability to do the job? _____
If yes, please explain _____
(please note that a job offer may be conditional on successful completion of a medical exam)

SECTION 3

RECORD OF EDUCATION

Name of School	Years Attended		Circle Last Year or Grade Completed	Did You Graduate?	List Diploma or Degree
	From	To			
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
University			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 4

EMPLOYMENT HISTORY

List below all present and past employment, beginning with your most recent.

I.

Name, Address, and Type of Business	From		To		Hourly Wage	Reason for Leaving
	Month	Year	Month	Year		
Telephone:	Describe the work you did:			Supervisor	May we contact?	

II.

Name, Address, and Type of Business	From		To		Hourly Wage	Reason for Leaving
	Month	Year	Month	Year		
Telephone:	Describe the work you did:			Supervisor	May we contact?	

III.

Name, Address, and Type of Business	From		To		Hourly Wage	Reason for Leaving
	Month	Year	Month	Year		
Telephone:	Describe the work you did:			Supervisor	May we contact?	

SECTION 5

RELEVANT EXPERIENCE CHECKLIST

Please check off the areas in which you have relevant work experience.

- | | | |
|---|--|--|
| <input type="checkbox"/> Prehanging doors | <input type="checkbox"/> Assembly or production line | <input type="checkbox"/> Check this box if you have taken woodworking or construction classes in Senior High (Grade 10, 11, and 12) Please also state which grade(s) you took these classes in. Grade(s) _____ |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Blueprint reading | |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Installation of windows and doors | |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Cabinet making | |
| <input type="checkbox"/> Millwork | <input type="checkbox"/> Driving (Class of License ____) | |
| | | |

SECTION 6

MACHINERY SKILLS

Please check off all the machines you have experience with and rate your skill level on those you have used. Please also state where you have used this equipment.

When filling out the section below, please rate yourself as a:

- 0 if you have no experience on the machine
- 1 if you have very little experience on the machine
- 2 if you have little, but satisfactory experience on the machine
- 3 if you have an average level of skill on the machine
- 4 if you have a great deal of experience and skill on the machine
- 5 if you are completely proficient on the machine

<i>(please circle)</i>	<i>Skill Level</i>	<i>Where you used this</i>	<i>Skill Level</i>	<i>Where you used this</i>
Moulder	_____	_____	Air sander	_____
Shaper	_____	_____	Chop saw	_____
Jointer	_____	_____	Panel saw	_____
Table saw	_____	_____	Air tools	_____
Band saw	_____	_____	Drill press	_____
Thickness planer	_____	_____	Glazer	_____
Multi-rip saw	_____	_____	Glass Cutter	_____
Re-saw	_____	_____	Forklift	_____
Thickness sander	_____	_____	Welding	_____
Spray equipment	_____	_____	Grinding	_____
Router	_____	_____	Tape Measure	_____
Other (please describe: _____				

SECTION 7

OTHER RELEVANT INFORMATION

Are there any other job related experiences, hobbies, skills, or qualifications which will be of special benefit in the job for which you are applying? If so, please explain below.

SECTION 8

DECLARATION

By my signature on this application, I:

- a. Authorize the verification of the above information and any other necessary inquiries that may be needed to determine my suitability for employment;
- b. Affirm that the above information is true to the best of my knowledge;
- c. Understand that any misrepresentation of facts shall be cause for dismissal;
- d. Understand that a company prescribed medical by a doctor of the company's choice may be required.

Signature _____

Date: _____

PLEASE ENSURE THAT YOU HAVE FULLY COMPLETED THIS APPLICATION FORM. INCOMPLETE APPLICATIONS WILL NOT BE GIVEN CONSIDERATION.

Consent for Disclosure of Personal Information Name Based Canadian Criminal Record Check

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

PLEASE NOTE: The following information and photocopies of identification are for identification purposes only, allowing SterlingBackcheck to accurately proceed with the assembly of a Name Based Criminal Record Check. SterlingBackcheck will hold all personal information confidential.

Given Name(s): ▼		Middle Name(s): ▼		Gender: ▼ <input checked="" type="checkbox"/> Check One <input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname: ▼			Maiden name: ▼		
Aliases, nicknames and any other names: ▼					
Place of Birth: ▼			Date of Birth: ▼		
City		Province	Country	yyyy	mm / dd
Current Address: ▼			From: ▼	To: ▼	
Unit Number	Street Number	Street Name		yyyy	mm / dd
Current Address Continued: ▼					
City		Province	Country	Postal Code	
Previous Address – if less than 5 years ago: ▼			From: ▼	To: ▼	
Unit Number	Street Number	Street Name		yyyy	mm / dd
Previous Address – Continued: ▼					
City		Province	Country	Postal Code	
Telephone Number: ▼		Alternative Telephone Number: ▼		Position Applied For: ▼	

I certify that the information in this Disclosure for Personal Information is true and correct to the best of my ability.

Declaration of Offences	Only adult convictions under the <i>Criminal Code</i> or other Canadian Federal Statutes for which you have not received a pardon/record suspension should be disclosed. Do not disclose: A conviction for which you received a pardon/record suspension in accordance with the Criminal Records Act, a conviction where you were considered a 'young person' under the Youth Criminal Justice Act, Young Offenders Act, or Juvenile Delinquents Act, absolute or conditional discharges (pursuant to section 730 of the Criminal Code), an offence for which you were not convicted, any provincial or municipal offence and any charges dealt with outside of Canada.	
	Have you been convicted of an offence for which a pardon/record suspension has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If you have answered Yes to the question above, please provide details on those criminal convictions (attach additional pages if required):	
	Location	Date (yyyy/mm/dd)
	/ /	
	/ /	
	/ /	

Disclaimer: The existence of a conviction will not preclude you from consideration for employment with **Dynamic Architectural Windows and Doors**. Details of the offence are requested to enable **Dynamic Architectural Windows and Doors** to determine whether the offence is related to your employment or intended employment.

Statement of Understanding and Consent	I have applied to Dynamic Architectural Windows and Doors for employment. Part of the screening process includes a search of the Royal Canadian Mounted Police (RCMP) National Repository of Criminal Records, using the name(s) and date of birth provided above, those listed on other documents I have provided and any others uncovered during the course of my background check. All searches are accessed through the Canadian Police Information Centre (CPIC). SterlingBackcheck, through a working partnership with a Canadian Police Agency, conducts these investigations on behalf of Dynamic Architectural Windows and Doors .	
	The Criminal Record Check (CRC) will determine whether records may exist on me and are registered on the RCMP National Repository of Criminal Records. I acknowledge that these records include information relating to criminal convictions under the <i>Criminal Code</i> and other <i>Federal Statutes</i> (Canada) for which a pardon/record suspension has not been granted. I hereby consent and authorize a Canadian Police Department to conduct the CRC and disclose findings on my behalf to SterlingBackcheck.	
I authorize SterlingBackcheck to release all information obtained to Dynamic Architectural Windows and Doors and hold harmless SterlingBackcheck, its police partners and the RCMP upon the release of this information or its findings to Dynamic Architectural Windows and Doors . I understand that failing to provide accurate information or omission of facts herein may disqualify me from consideration for employment with Dynamic Architectural Windows and Doors .		
Furthermore, if there is a discrepancy with the information provided by myself on this form and that disclosed by a Canadian Police Department during this investigation of my criminal records history, or if the results of a search prove inconclusive, I understand that I have the option to provide my fingerprints to resolve any discrepancy or dispute.		
This request is made in compliance with any applicable federal, provincial or municipal public sector privacy legislation which allows a public body or municipality to disclose my personal information to me or my agent upon my request. Also the 'Supplemental Information Sheet' containing further information about the nature of the requested check(s) has been made available to me.		
Candidate Signature: <i>Authorizing Name Based CRC</i>	X	Date: (yyyy/mm/dd) ▼ / /
Hiring Manager's Signature: <i>Witnessing the candidate's signature</i>	X	Date: (yyyy/mm/dd) ▼ / /