



NAKINA LUMBER INC.

EMPLOYMENT APPLICATION

Please submit to:

Angie Michel – Human Resources Manager
 Phone: 807-699-0125
 Fax: 807-329-1112
 Email: angie@nakinalumberinc.com

Mailing address:

P.O. Box 88
 Nakina, ON
 P0T 2H0

Employment Information

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Last Name: | First Name: | Social Insurance Number: |
| Present Address: | | |
| Do you have <u>accommodations</u> in order to work at NAKINA LUMBER INC.? YES NO | | Do you have <u>transportation</u> in order to work at NAKINA LUMBER INC.? YES NO |
| Phone Number: | Driver's License? YES NO | If so, specify which class: |
| Positions Applying for: | | |
| If hired, on which date will you be available to start work? _____ | | |
| Are there any other experience, skills, or qualifications you possess which you believe would be beneficial to our organization? _____ _____ _____ | | |

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY OR ACCIDENT

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Educational Background

| <i>TYPE OF SCHOOL</i> | <i>NAME & ADDRESS</i> | <i>FROM</i> | <i>TO</i> | <i>GRADUATED?</i> | <i>COURSE MAJOR</i> |
|-----------------------|---------------------------|-------------|-----------|-------------------|---------------------|
| SECONDARY | | | | YES NO | |
| COLLEGE | | | | YES NO | |
| POST GRADUATE | | | | YES NO | |
| BUISNESS OR TRADE | | | | YES NO | |
| OTHER | | | | YES NO | |

Please list any other current or valid certificates as of the date of this application has been completed (i.e., First Aid, Working at Heights, etc.)

Prior Work History

(list in order – last or present employer first)

| DATES: | | NAME & ADDRESS OF EMPLOYER | IMMEDIATE SUPERVISOR'S NAME & TITLE | REASON FOR LEAVING |
|--------|-----|----------------------------------|-------------------------------------------|-----------------------|
| From: | To: | | | |
| | | | | |

Note your title and describe in detail the work you did:

| DATES: | | NAME & ADDRESS OF EMPLOYER | IMMEDIATE SUPERVISOR'S NAME & TITLE | REASON FOR LEAVING |
|--------|-----|----------------------------------|-------------------------------------------|-----------------------|
| From: | To: | | | |
| | | | | |

Note your title and describe in detail the work you did:

| DATES: | | NAME & ADDRESS OF EMPLOYER | IMMEDIATE SUPERVISOR'S NAME & TITLE | REASON FOR LEAVING |
|--------|-----|----------------------------------|-------------------------------------------|-----------------------|
| From: | To: | | | |
| | | | | |

Note your title and describe in detail the work you did:

Personal References

| NAME & OCCUPATION | ADDRESS | PHONE NUMBER |
|-------------------|---------|--------------|
| 1. | | |
| | | |
| 2. | | |
| | | |
| 3. | | |
| | | |

Occasionally the form of an employment application makes it difficult for an individual to adequately summarize his or her complete background. You may use the space below to summarize any additional information to describe your full qualifications.

PLEASE READ CAREFULLY
APPLICANTS CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete and that I am legally eligible to be employed in Canada. I give NAKINA LUMBER INC. permission to contact my former employers and references if needed.

Signature:

Date Signed:

Accommodations in Nakina:

Pennocks Tourist Service & The Shores Motel

<http://pennocksnakina.com/>

Cordingley Lake Road

Nakina, ON

P: (807) 329-5265

R & D Apartments

<http://www.randdapartments.ca/>

P.O. Box 231

Nakina. ON

P: (807) 329-5872

There are also units in Nakina rented out by:

Ontario Aboriginal Housing

<https://www.ontarioaboriginalhousing.ca/>

General Inquiries -

Toll Free: 1-866-391-1061

Email: info@oahssc.ca