Resolute Forestry Services EMPLOYMENT APPLICATION

	Position applie	ed for:								
Address:	Position type:	☐ full-time		part-tin	ne	🗆 t	emporary	Casual		
City:	Name:									
Province: Postal Code: Fax: If the position you are applying for requires you to drive please complete the following: Do you have your own transportation? Yes No Do you have a valid driver's license? Yes No Class:	Address:					Pho	ne:			
If the position you are applying for requires you to drive please complete the following: Do you have your own transportation? Yes No Do you have a valid driver's license? Yes No Class: Education From To Program type/ Grade/degree/ diploma' certificate completed Secondary/ High School University College/ technical Trade or other Employment History (Start with the most recent employer) Employer: Supervisor: Phone: Employed from College: Limployer: Supervisor: Phone: Employed from Limployer: Supervisor: Phone: Phone: Employed from Limployer: Supervisor: Phone: Phone: Employed from Limployer: Supervisor: Phone: Phone: Employed from Limployed from Phone: Phone: Phone: Phone: Phone: <td>City:</td> <td></td> <td></td> <td></td> <td></td> <td>_ Cell</td> <td>:</td> <td></td>	City:					_ Cell	:			
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Phone: (780) 502-0582 Email: daniel@resoluteforestry.com Website: www.resoluteforestry.com

Employer:			
Supervisor:		to	
Employed fror Duties:	n	to	Position title:
Dulles.			
Reason for se	eking other employme	ent:	
Please provide relevant to the		gnificant work experie	ence, volunteer or otherwise, that is most
If RFS has pre	eviously employed you	I, please provide the l	Position:
Location:		th of employment:	
Skills and T	raining Please check	those that relate to the the those the the the the the the the the the th	ne position you are applying for
Office:	□ Access	Excel	PowerPoint Word
Truck:	□ Single Axle	□ Tandem Axel	Tractor/Trailer
Equipment:	Buncher	Skidder	Processor Mulcher
	☐ Hagglund	Nodwell	
Certification:	CPR/First Aid	□ H2S	
Other	Please specify		
References			
May we conta	ct your present employ	yer? 🛛 Yes	□ No
	e two references, preferences,		ork associates (excluding relatives) in a professors.
Name:			Phone Number:
Name:			Phone Number:
a false statemen	statements made by me in t may disqualify me from th ions of employment as set	nis competition employme	Ily are true and complete. I understand and agree that at with RFS. I understand that if employed I accept and
Signature:			Date:
(FOIP) Act for the p compensation and	ourpose of processing this app	lication. This information may	3 of the Freedom of Information and Protection of Privacy be used for Human Resources programs such as ng the collection, use or disclosure of this information, please

RFS Ltd. Box 3069 La Crete, AB T0H 2H0



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