



The Timbers Application for Employment

Thank you for your interest in employment with The Timbers. We assure you that your opportunity with this company is based solely on your abilities. The Timbers fully subscribes to the principles of human rights and ensure that all employees are considered for hire, promotion and job status, without regard to race, religion, gender, age, marital status, physical or mental handicap or political beliefs.

NOTE: This application will be considered active for 90 days. If you have not been employed within this period and are still interested in employment, please contact The Timbers and request that your application be reactivated.

DATE:

JOB POSITION DESIRED:

PERSONAL INFORMATION

Name:

First Name Middle Name Last Name

Present Address:

Street City Prov. Postal Code

Permanent Address:

Street City Prov. Postal Code

Phone Number:

_____ Social Insurance Number _____

Are you legally eligible to hold a job where you will handle liquor?

Yes No

Are you legally entitled to work in Canada?

Yes No

Do you have transportation to and from work?

Yes *(specify)* _____ No

What skills, experiences and /or personal qualities would you bring to The Timbers that will improve our success and continue yours?

Why have you chosen The Timbers as your employment choice?

EMPLOYMENT INFORMATION

Date you can start: _____ Wage expected: _____

Do you have any objections which would prevent you from...

Working overtime? _____ Working nights? _____

Working regularly? _____ Working weekends? _____

I am available for: Temporary employment Part-time work Full-time work

If temporary, indicate dates available: _____

Indicate maximum number of hours per work: _____

SCHEDULE INFORMATION

Please list the times you are available to work during each day of the week by entering the information in the table below. Although we cannot guarantee specific work schedules, the hours that you list are used as a guideline. If hired, you will be expected to be available for work during these times.

	FROM	TO
MONDAY	_____	_____
TUESDAY	_____	_____
WEDNESDAY	_____	_____
THURSDAY	_____	_____
FRIDAY	_____	_____
SATURDAY	_____	_____
SUNDAY	_____	_____

PHYSICAL IMPAIRMENTS

The following information is necessary to ensure a position doesn't create an occupational hazard or result in performance restrictions. Do you have any impairments — physical, mental or medical — which would interfere with your ability to perform essential duties of the job for which you have applied?

No Yes If YES, please explain: _____

PERSONAL REFERENCES

List three (3) personal references (do not list employers or relatives).

	NAME	OCCUPATION	PHONE NO.	YEARS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Do you know any of our current or previous employees?

1. _____ 2. _____

EMPLOYMENT HISTORY

Please list your recent position and any other positions related to this application.

PRESENT OR MOST RECENT EMPLOYER

Name: _____ Address: _____ Phone: _____

Type of business: _____ Your supervisor's name: _____

Your reason for leaving: _____

Describe the duties you performed: _____

When did you start? _____ When did you leave? _____ Full-time Part-time

What was your starting wage? _____ Ending wage? _____ May we contact this employer? Yes No

What did you like most about this job? _____

What did you like least about this job? _____

RELATED EMPLOYMENT

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EDUCATION INFORMATION

EDUCATION TYPE	NAME & LOCATION	DEGREES / MAJOR STUDIES
HIGH SCHOOL		
TRADE OR BUSINESS SCHOOL		
COLLEGE / UNIVERSITY		

Details of apprenticeships, seminars or part-time studies

Special skills or training not identified above that would be relevant to your employment

How do you spend your spare time? (Volunteering, self-employment, hobbies, etc.)

I certify that the information contained in this application is correct to the best of my knowledge and understand that any misrepresentation or omission of information is grounds for dismissal in accordance with The Timbers company policy. I authorize the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. In consideration of my employment, I agree to conform to the rules and regulations of The Timbers and my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either The Timbers or myself. I understand that no unit manager or representative of The Timbers other than the president of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. I consent to taking any pre- or post-employment examination as may be required in connection with a health insurance plan.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Interviewed by: _____	Date: _____	Position: _____
Reference Check: _____	Start Date: _____	Birth Date: _____
Wage: _____	Employment Accepted: _____	
S.I.N. _____	G.M. Approval: _____	
Gen. App. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Conf. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Comm. Skills <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I&D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Comp. for Pos. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wk. His. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	ATT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	T&T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>