



# 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 MG & CC that will improve our success and continue yours?

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Why have you chosen The MG & CC as your employment choice?

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## 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    |
|------------------|-------|-------|
| <b>MONDAY</b>    | _____ | _____ |
| <b>TUESDAY</b>   | _____ | _____ |
| <b>WEDNESDAY</b> | _____ | _____ |
| <b>THURSDAY</b>  | _____ | _____ |
| <b>FRIDAY</b>    | _____ | _____ |
| <b>SATURDAY</b>  | _____ | _____ |
| <b>SUNDAY</b>    | _____ | _____ |

## 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

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

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? \_\_\_\_\_

**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 MG & CC 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 MG & CC or myself. I understand that no unit manager or representative of The MG & CC 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.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Conf.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Comm. Skills<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | I&D<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Comp. for Pos.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Wk. His.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | ATT<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | T&T<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |