

APPLICATION FOR EMPLOYMENT

The Russell Inn Hotel & Conference Centre
Box 578, Russell, Manitoba R0J 1W0
Phone: 204.773.2186 Fax: 204.773.2175



► Apply online at www.russellinn.com

The Human Rights Codes prohibit discrimination in employment because of race, ancestry, place of origin, colour, national or ethnic origin, citizenship, religion, creed, sex or sexual orientation, age, marital or family status, criminal convictions of an offence for which a pardon has been granted and not revoked, convictions of an offence in respect of any provincial enactment, handicap or the use of any means to palliate a handicap, physical or mental disability, social condition, political convictions, pregnancy, civil status, language (Province of Quebec).

PERSONAL

Date: _____

Name: _____
LAST FIRST MIDDLE INITIAL

Present Address: _____
No. STREET CITY

_____ Telephone Number: () _____
PROVINCE CODE

Job(s) Applied for:

1. _____

2. _____

Rate Of Expected Pay:

\$ _____ PER _____

\$ _____ PER _____

Are you available to work: Full-Time Part-Time Temporary _____ / _____ / _____ to _____ / _____ / _____
PLEASE INDICATE DATES AVAILABLE.

How did you learn of this opening?

Have you worked for us before? If yes, specify dates and position.

If hired, on what date will you be available to start work?

If hired, do you have reliable transportation to get to work?

State any other experiences, skills or qualifications which you feel are relevant to your application for employment. **Please exclude information that would indicate any prohibited grounds of discrimination.** If necessary, additional space is provided to complete this section on page 3 under Personal References.

EDUCATION

Provide below all information relevant to your educational background. Where appropriate describe: course of study, any honours received, specialized training and apprenticeship skills.

| YEARS COMPLETED | ELEMENTARY SCHOOL | | | | | HIGH SCHOOL | | | | | UNDERGRADUATE COLLEGE / UNIVERSITY | | | | GRADUATE / PROFESSIONAL | | | |
|-----------------------------------|-------------------|---|---|---|---|-------------|----|----|----|----|------------------------------------|---|---|---|-------------------------|---|---|---|
| | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| DIPLOMA / DEGREE | | | | | | | | | | | | | | | | | | |
| DESCRIBE COURSE OF STUDY | | | | | | | | | | | | | | | | | | |
| DESCRIBE ANY HONOURS RECEIVED | | | | | | | | | | | | | | | | | | |
| DESCRIBE ANY SPECIALIZED TRAINING | | | | | | | | | | | | | | | | | | |

WORK EXPERIENCE

Starting with your present job, include any job-related military service assignments and volunteer activities. Please exclude information that would indicate any prohibited grounds of discrimination.

| | | |
|--|--|--|
| NAME OF COMPANY OR EMPLOYER _____ ADDRESS _____ TELEPHONE NUMBER(S) _____ SUPERVISOR'S NAME _____ | Dates Employed: From _____ To _____ Rate of Pay: Start _____ Finish _____ | TITLE/POSITION HELD _____ REASON FOR LEAVING _____ DESCRIBE IN DETAIL WORK PERFORMED. _____ |
|--|--|--|

May we contact your employer? _____

| | | |
|--|--|--|
| NAME OF COMPANY OR EMPLOYER _____ ADDRESS _____ TELEPHONE NUMBER(S) _____ SUPERVISOR'S NAME _____ | Dates Employed: From _____ To _____ Rate of Pay: Start _____ Finish _____ | TITLE/POSITION HELD _____ REASON FOR LEAVING _____ DESCRIBE IN DETAIL WORK PERFORMED. _____ |
|--|--|--|

May we contact your employer? _____

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|--|--|--|
| NAME OF COMPANY OR EMPLOYER _____ ADDRESS _____ TELEPHONE NUMBER(S) _____ SUPERVISOR'S NAME _____ | Dates Employed: From _____ To _____ Rate of Pay: Start _____ Finish _____ | TITLE/POSITION HELD _____ REASON FOR LEAVING _____ DESCRIBE IN DETAIL WORK PERFORMED. _____ |
|--|--|--|

May we contact your employer? _____

PERSONAL REFERENCES

Give the names of at least 3 persons who can supply information pertinent to your job performance, excluding former employers or relatives.

| NAME AND OCCUPATION | ADDRESS | TELEPHONE NUMBER |
|---------------------|---------|------------------|
| | | |
| | | |
| | | |
| | | |

To assist us in finding the proper position for you in our company, use the space below to summarize any additional information necessary to describe your skills and qualifications. **Please exclude information that would indicate any prohibited grounds of discrimination.**

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this company will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

The parties acknowledge that they have required that this application form and all related documents be prepared in English (province of Quebec).

Les parties reconnaissent avoir exigé que la présente demande d'emploi et tous les documents connexes soient rédigés en anglais.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant _____

FOR PERSONNEL DEPARTMENT USE ONLY

| | | | | | | |
|----------------------------|------------------------------|-----------------------------|-------|--------------|-------|-------|
| INTERVIEW: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | |
| Date | _____ | Hour | _____ | | | |
| Result of Interview | _____ | | | | | |
| _____ | _____ | | | | | |
| _____ | _____ | | | | | |
| _____ | _____ | | | | | |
| _____ | _____ | | | | | |
| Acceptable For Employment? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | | | | |
| Starting: | Rate | _____ | Date | _____ | Shift | _____ |
| Occupation | _____ | Dept. | _____ | Clock No. | _____ | |
| Interviewed by | _____ | _____ | _____ | _____ | _____ | _____ |
| | SIGNATURE | | | PLEASE PRINT | | |
| Employed by | _____ | _____ | _____ | _____ | _____ | _____ |
| | SIGNATURE | | | PLEASE PRINT | | |
| Approved by | _____ | _____ | _____ | _____ | Date | _____ |

APPLICANT - COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRED

Do not answer any *italicized* questions below the double line unless the employer has checked the box next to the question. A check indicates the information requested is needed for (1) Benefit Programs, (2) Compliance with national security laws, or (3) Other legally permissible reasons (income tax deductions, etc.)

- | | |
|---|--|
| <input type="checkbox"/> <i>Date of Birth</i> _____ | <input type="checkbox"/> <i>Sex: Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> |
| <input type="checkbox"/> <i>What is your marital status?</i> | <input type="checkbox"/> <i>Single</i> <input type="checkbox"/> <i>Engaged</i> <input type="checkbox"/> <i>Married</i> |
| | <input type="checkbox"/> <i>Separated</i> <input type="checkbox"/> <i>Divorced</i> <input type="checkbox"/> <i>Widowed</i> |
| <input type="checkbox"/> <i>How Many dependents do you have (including yourself?)</i> _____ | |
| <input type="checkbox"/> <i>What is your Social Insurance Number?</i> _____ | |

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

| | |
|---------|-------|
| Name | _____ |
| Address | _____ |