

PINELAND FOREST NURSERY

CASUAL EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
HOME MAILING ADDRESS (P.O. BOX OR R.R. #)	CITY	PROVINCE
		POSTAL CODE
HOME TELEPHONE NUMBER:	MESSAGE TELEPHONE NUMBER:	

SKILLS

DO YOU HAVE A VALID DRIVER LICENCE? YES NO IF YES, WHAT CLASS? _____

PLEASE LIST ANY SPECIAL TOOLS, EQUIPMENT OR VEHICLES YOU CAN OPERATE:

PLEASE IDENTIFY ANY OTHER SKILLS, CERTIFICATES OR EXPERIENCES (Gained through employment, school, volunteer work or hobbies) THAT MAY BE RELEVANT TO EMPLOYMENT AT PINELAND NURSERY:

LANGUAGES OTHER THAN ENGLISH _____ FLUENTLY SPOKEN FLUENTLY WRITTEN

WORK AVAILABILITY AND EDUCATIONAL INFORMATION

DATE AVAILABLE FOR WORK	ARE YOU CURRENTLY A STUDENT
	YES <input type="checkbox"/> NO <input type="checkbox"/>

<p>OPTIONAL SECTION Please check boxes which apply to you:</p> <p>1. MALE <input type="checkbox"/> OR FEMALE <input type="checkbox"/></p> <p>2. ABORIGINAL (Includes Treaty, Status, Non-Status and Inuit) <input type="checkbox"/> YES</p> <p>3. DISABLED by a physical disability affecting employment (For example: coordination, hearing, speech, mobility or vision) <input type="checkbox"/> YES</p> <p>4. VISUAL MINORITY (For example: Black, Asian, Oriental, East Indian, etc.) <input type="checkbox"/> YES</p>	<p>I hereby certify that the information provided in all sections of this form is complete and correct.</p> <p>Signature: _____</p> <p>Date: _____</p>
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FOR OFFICE USE ONLY

SECTION A – TO BE COMPLETED BY INDIVIDUAL AFTER HE/SHE IS HIRED

Social Insurance Number	TD1 Taxation Code	Birth Date (day/mo/yr.)	Previous Employment with Manitoba Government
BANKING INFORMATION TO DEPOSIT YOUR PAY TO THE ACCOUNT OF YOUR CHOICE.			
NAME OF FINANCIAL INSTITUTION	BRANCH ADDRESS	CITY/TOWN/PROVINCE	POSTAL CODE
Account Number	Bank Number	Bank Transit Number	
In Case of Emergency Notify (Name, Address)	Telephone	Relationship to Employee	

SECTION B – FOR EMPLOYING OFFICER’S USE ONLY

EMPLOYMENT DURATION: FROM (First Day Worked) _____	Hourly Rate Of Pay \$ <u>9.50</u>	Classification: <u>CNW</u> Coding: <u>241200</u>	TD1 Attached <input type="checkbox"/> Job Description Attached <input type="checkbox"/>
TO (Termination Date) _____			

WORK ADDRESS INFORMATION REGARDING PAY STUB DELIVERY

Branch or Section Name	P I N E L A N D F O R E S T N U R S E R Y
Address – Room #, Street #, Street Name	B O X 4 5
City/Town	H A D A S H V I L L E
Supervisor’s Name (Please Print), Phone #, Work Address	Postal Satellite# A A Work Group # - - -
RICHARD LEPAGE BOX 45 HADASHVILLE, MANITOBA ROE OXO 1-204-426-5235	

Remarks:

Date Completed:	Hiring Recommendation (Supervisor Signature) RICHARD LEPAGE Date: _____ Signature: _____
Nursery Hiring Approval (GENERAL MANAGER) TREVOR STANLEY Date: _____ Signature: _____	Approval (Director of Human Resources) Date: _____ Signature: _____

Employment History (Present or most recent position first)

Present/Last Employer & Address	Describe Duties/Responsibilities:
Type of Business/Organization	
Period of Employment From: _____ To: _____	
Immediate Supervisor Name & Title:	
Reason for Leaving:	

Present/Last Employer & Address	Describe Duties/Responsibilities:
Type of Business/Organization	
Period of Employment From: _____ To: _____	
Immediate Supervisor Name & Title:	
Reason for Leaving:	

Do you have a medical condition that you would like us to know about?
Yes _____ No _____
If yes please state your medical condition

References

Name	Address	Telephone #

Signature: _____

Date: _____