

CONFIDENTIAL EMPLOYMENT APPLICATION

This is an application for employment with North Sky Luge (Tremblant) Ltd and forms part of our conditions of employment. It is therefore to be personally completed and signed by the applicant.

The completion of this form does not indicate that there is any obligation on North Sky Luge (Tremblant) Ltd to engage the applicant.



PRIVACY STATEMENT

The information which you supply on this application is solely to assess your suitability for employment with North Sky Luge (Tremblant) Ltd

This information will be held in a secure place. No information will be disclosed to unauthorised parties without your prior approval, except as required by law.

POSITION & AVAILABILITY:

Position Applied for: _____

Availability: Are there any days/shifts which you cannot work? Yes

If "Yes", please specify _____ No

When are you able to start? _____

PERSONAL DETAILS:

First Names: _____

Surname: _____

Address: _____

Date of Birth: _____ (optional)

Home Telephone: _____ May we contact Yes

you at work? No

Work Telephone: _____

Email Address: _____

Next of Kin (emergency contact): _____

WORK STATUS

Are you legally entitled to work in Quebec, Canada? Yes No

If applicable, what is the Expiry Date of your Work Permit? _____

GENERAL:

Do you hold a current Driver's License? Yes No

Have you ever been convicted of a criminal offence? Yes * No

Have you ever been involved with the Police? Yes No

* If "Yes", please give details: _____

PRE-EMPLOYMENT HEALTH SCREENING

All applicants must ask for and review a copy of the Hazard Management Procedures relevant to the position they are applying for.

Please read carefully the Hazard Management Procedures for the position.

Have you had an injury, illness or medical condition caused by gradual process, disease, or infection arising out of work that may be aggravated or further contributed to by the tasks of this position? Yes No

Please specify : _____

HEALTH STATEMENT:

I hereby declare that to the best of my knowledge, I do not suffer from any illness or disability which might affect my ability to consistently and safely carry out the duties implicit in the position applied for, further I have not in the past suffered any injury or illness which might so affect my ability:

Please specify any exceptions: _____

I understand that failure to provide full and truthful information for this health statement may mean loss of entitlement to injury insurer compensations.

Signature: _____ Date: _____

EDUCATION & QUALIFICATIONS:

School/Tertiary Inst.	Town/City	Completion Date	Level/Qualification Achieved
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Qualifications Relevant to the Position

Institution	Course Name	Duration	Date Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Languages: Please list the languages you can speak fluently

Do you hold a current First Aid Certificate Yes No Date Completed: _____

EMPLOYMENT RECORD:**Current (or most recent) Employer**

Business Name: _____

Business Address: _____

Business Telephone No: _____ May we contact your Yes
Supervisor/Manager? No

Name of Supervisor/Manager: _____

Your Position: _____

Wage/Salary: _____

Key Duties/Responsibilities: _____

Reason for Leaving: _____

Previous Employers

Business Name & Address: _____

Business Telephone No: _____ Period Employed From: _____

Name of Supervisor/Manager: _____ To: _____

Your Position: _____

Wage/Salary: _____

Key Duties/Responsibilities: _____

Reason for Leaving: _____

Business Name & Address: _____

Business Telephone No: _____ Period Employed From: _____

Name of Supervisor/Manager: _____ To: _____

Your Position: _____

Wage/Salary: _____

Key Duties/Responsibilities: _____

Reason for Leaving: _____

DECLARATION:

I (full name) _____

- Declare that to the best of my knowledge, the answers given in this application are correct and I understand that if any false/misleading information is given, or any material fact suppressed, I may not be accepted, or if I am, my employment may be terminated.
- Irrevocably authorise North Sky Luge (Tremblant) Ltd or their agent, to contact the named referees of all my previous/current employers, including any employers that I have not nominated on this application. If the named referee is not authorised to speak on behalf of the company, or not available, enquiries can be made with the Manager or duly authorised person.
- Declare that I have read and fully understand this Declaration.

Applicants Signature: _____ **Date:** _____

