

Lincourt Manor Inc.
P.O. Box 116
St. Stephen, N.B.
E3L 2W9 (506)466-7855

Application for Employment

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, record of offences including an offense in respect of any provincial statute, handicap, disability, language (Province of Quebec).

Date: _____

PERSONAL

Name: _____
Last First Middle Initial

Present Address: _____
No. Street City Province Code

Telephone No. () _____ E-Mail: _____

Job(s) applied for 1. _____ Rate of pay expected \$ _____ per _____

2. _____ Rate of pay expected \$ _____ per _____

How did you learn of this opening? _____

Do you want to work _____ Full-Time or _____ Part-Time. Specify days and hours if part-time _____

Have you worked for us before? _____ if yes, when? _____

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

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with us?
(If necessary, additional spaced is provided to complete this section on page 3 under Personal References.)
Please exclude activities which would indicate any prohibited grounds of discrimination listed above.

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

EDUCATION BACKGROUND

	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
Years Completed																		
Diploma/Degree																		
Describe Course of Study (Do Not Give Name of School)																		
Describe any specialized training, apprenticeship skills and extra-curricular activities																		
Describe any honors you have received																		

PRIOR WORK HISTORY (List in order, last or present employer first)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Describe in detail the work you did.						

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		
Describe in detail the work you did.						

May we contact the employers listed above? _____ If not, indicate below which one(s) you do not wish us to contact. _____

PROFESSIONAL REFERENCES

Give the names of at least 3 persons who have supervised you and can supply information pertinent to your job performance.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1 _____	_____	
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize their complete background. 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 full qualifications.

Thank you for completing this application from 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

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 _____

Date Received: _____ Signature: _____

APPLICANT – COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRED

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

- Date of Birth _____

- Sex : Male Female

- What is your marital status? _____
Single Engaged Married Separated Divorced Widowed

- How many dependents do you have (including yourself)? _____

- What is your Social Insurance Number? _____

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name _____ Phone _____
Address _____

For Personnel Department Use Only

INTERVIEW YES NO Date _____ Hour _____

Result of Interview _____

Acceptable for Employment? _____ Starting Rate _____ Starting Date _____ Shift _____

Occupation _____ Dept. _____ Clock No. _____

Interviewed by _____ Employed by _____

Approved by _____ Date _____