AMERICANA CONFERENCE RESORT & SPA

8444 Lundy's Lane
Niagara Falls, ON
L2H 1H4
Fax: 905-356-8576

Application for Employment

We are an equal opportunity employer and make all employment decisions on the basis of ability and job related qualifications and without regard to race, religion, colour, sex, national origin, age, disability or any other characteristic proscribed under applicable federal, provincial or local law. Please fill in **ALL AREAS** of this application in order to be considered for employment.

DATE OF APPLICATION:	POSITION DESIRED:
ALTERNATE CHOICE:	SALARY DESIRED:

PERSONAL INFORMATION

NAME:		
STREET ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PHONE NUMBER (AM):	PHONE NUMBER (PM):	REFERRED BY: ☐ Friend/Relative ☐ Walk-in ☐ Advertisement ☐ Employment Agency ☐ Other

Are you lawfully permitted to work in Canada? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No ☐ Not Applicable

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Have you been convicted of a criminal offense for which you have not received a pardon? ☐ Yes ☐ No

When are you eligible to begin work? _____

Indicate what type of work you desire (check all that apply)	Full Time	Part Time	On Call	Seasonal From: _____ To: _____

EDUCATION and TRAINING

List educational degrees, programs or courses that you have taken which would be helpful for the performance of your job. Include present enrollments.

NAME OF SCHOOL (CITY & PROV.)	COURSE OF STUDY	NUMBER OF YEARS ATTENDED	DEGREES OR CERTIFICATIONS
LIST ANY COMPUTER RELATED SKILLS:			

PLEASE COMPLETE PAGE 2 IN FULL

WORK HISTORY – to be completed in full
(Most recent employer first)

COMPANY NAME:	ADDRESS:	PHONE NUMBER:	SUPERVISOR:
JOB TITLE:	DATES EMPLOYED: FROM: TO:	SALARY: STARTING SALARY: FINAL SALARY:	REASON FOR LEAVING:
DUTIES/RESPONSIBILITIES:			
COMPANY NAME:	ADDRESS:	PHONE NUMBER:	SUPERVISOR:
JOB TITLE:	DATES EMPLOYED: FROM: TO:	SALARY: STARTING SALARY: FINAL SALARY:	REASON FOR LEAVING:
DUTIES/RESPONSIBILITIES:			
COMPANY NAME:	ADDRESS:	PHONE NUMBER:	SUPERVISOR:
JOB TITLE:	DATES EMPLOYED: FROM: TO:	SALARY: STARTING SALARY: FINAL SALARY:	REASON FOR LEAVING:
DUTIES/RESPONSIBILITIES:			

PROFESSIONAL REFERENCES

NAME	TELEPHONE NUMBER	JOB TITLE	RELATIONSHIP

SKILLS AND QUALIFICATIONS – Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

☐ Smart Serve ☐ First Aid/CPR ☐ WSIB Health & Safety Basic, Part I ☐ WSIB Workplace Hazard, Part 2

PLEASE READ CAREFULLY

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.

I also understand that any offer of employment received by me will be considered conditional upon the completion and assessment of a criminal records check in accordance with the Americana's Human Resources policies.

I authorize the Americana to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by the Americana to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims of providing such information.

I understand that the information collected on this application is for the purpose of assessing my employment opportunities with the Americana and I also understand that if I am hired by the Americana the information collected on this application will be retained in my employee file. By signing below I am consenting to the collection and use of the information collected on this application for that purpose.

_____ _____

Signature Date