

# EMPLOYMENT APPLICATION

Date \_\_\_\_\_



## PLEASE NOTE

IN ORDER TO BE CONSIDERED FOR EMPLOYMENT AT PRAIRIE MEATS  
THIS APPLICATION FORM *MUST* BE FILLED OUT COMPLETELY,  
REGARDLESS IF YOU HAVE A RESUME

## PERSONAL

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Job(s) Applying for at Prairie Meats (Ex: Meat Cutter, Food Production, Administration, Customer Service)

A) \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

B) \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Are you legally entitled to work in Canada? ☐ Yes ☐ No

Are you bondable? ☐ Yes ☐ No

Are you willing to work variable shifts? ☐ Yes ☐ No

Are you looking for ☐ Permanent ☐ Temporary ☐ Summer ☐ Full-Time ☐ Part-Time?

Do you have any time restrictions on hours of employment, Monday to Sunday? (ie. Non evenings) ☐ Yes ☐ No

Please specify restrictions \_\_\_\_\_

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

If hired, Are there any dates in the near future that you may need off? \_\_\_\_\_

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

Do you hold a valid driver's license? ☐ YES ☐ NO Class: \_\_\_\_\_

Restrictions, if any: \_\_\_\_\_

Have you ever applied here or worked here before? ☐ YES ☐ NO

Date applied/ worked \_\_\_\_\_

Do you know anyone who has or is presently employed here? \_\_\_\_\_

Do you have a physical disability that would affect your ability to perform any of the functions of the job for which you have applied (which may include lifting of 50-80 lbs.)?. ☐ Yes ☐ No

If the answer is "yes" what functions you cannot perform and what accommodations could be made which would allow you to do the work adequately?

\_\_\_\_\_

## EDUCATION

Name of High School, College, University Or Trade School Attended	Course / Degree	Completed (Yes/No)	Attended From To

Have you completed a Food Safe Training Course? \_\_\_\_ Yes \_\_\_\_ No

Are you currently certified for First Aid or CPR? \_\_\_\_ Yes \_\_\_\_ No Expiry Date: \_\_\_\_\_

Have you successfully completed a Forklift and/or Power Jack Training Course? \_\_\_\_ Yes \_\_\_\_ No

Scholastic Honors (Special awards, societies, scholarships, etc.) \_\_\_\_\_

## EMPLOYMENT RECORD

Do you have experience in the Meat or Food industry? \_\_\_\_ Yes \_\_\_\_ No

IN ORDER, LAST OR PRESENT EMPLOYER FIRST

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & TITLE
FROM	TO		START	FINISH	

Job Title (s): \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & TITLE
FROM	TO		START	FINISH	

Job Title (s): \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME & TITLE
FROM	TO		START	FINISH	

Job Title (s): \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Outside Activities, Hobbies, Volunteer Work, Etc.– Mention any office held (you may decline to list organizations which would indicate your religion, race, etc.) \_\_\_\_\_

Please list any additional information you wish us to know about when considering your application: \_\_\_\_\_

REFERENCES

LIST BELOW REFERENCES FOR TECHNICAL AND PERSONAL EVALUATION—DO NOT INCLUDE RELATIVES  
PLEASE INCLUDE TWO OR MORE WORK REFERENCES

FULL NAME & ASSOCIATION WITH APPLICANT	OCCUPATION AND ADDRESS	PHONE NO.	HOW LONG KNOWN

AFFIDAVIT

I hereby certify that the answers given by me to the foregoing questions and statements made are true and correct. I understand that untrue or incomplete answers discovered subsequent to employment may subject me to dismissal. I hereby give permission to Prairie Meats & its affiliates to contact any and all my former employers and references for technical and personal evaluations.

Signature of Applicant \_\_\_\_\_ Date\_\_\_\_\_

FOR HUMAN RESOURCES USE ONLY (do not write below this line)

HIRE DATE \_\_\_\_\_ START DATE\_\_\_\_\_

DEPARTMENT \_\_\_\_\_ RATE OF PAY\_\_\_\_\_

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_