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THE GLOBE AND MAIL  
**REPORT ON BUSINESS**  
MAGAZINE



## APPLICATION FOR EMPLOYMENT

The Ontario Human Rights Code prohibits discrimination in employment on the following grounds:  
Race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age,  
conviction for which a pardon has been granted, marital status, same sex partnership status, family status and handicap.

Date \_\_\_\_\_

### PERSONAL

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Present Address \_\_\_\_\_  
NO. STREET CITY PROVINCE POSTAL CODE

Telephone: \_\_\_\_\_

What position are you applying for:

1. \_\_\_\_\_ Rate of pay expected \$ \_\_\_\_\_ per \_\_\_\_\_

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

Have you been referred by a White Oaks Team Member?  Yes  No

If yes please specify the Name \_\_\_\_\_

Is any member of your family employed here?  Yes  No

If yes, which department? \_\_\_\_\_

Do you want to work Full Time  or Part Time ?

Specify days and hours\* \_\_\_\_\_

\* keeping in mind  
that White Oaks  
operates 7 days a week.

Have you worked for us before?  Yes  No

If yes, when? \_\_\_\_\_

Have you been convicted of a criminal offense for which a pardon  
has not been granted?  Yes  No

## EDUCATIONAL BACKGROUND

Type of School	Name	Years Attended	Graduated	Course or Major
Secondary School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Post Graduate	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Business or Trade	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

## PRIOR WORK HISTORY

*(List in order, last or present employer first)*

DATES		NAME ADDRESS _____ _____ TELEPHONE NO. _____	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did:

DATES		NAME ADDRESS _____ _____ TELEPHONE NO. _____	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did:

DATES		NAME ADDRESS _____ _____ TELEPHONE NO. _____	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?  Yes  No

*If not, indicated below which one(s) you do not wish us to contact.*

\_\_\_\_\_

## REFERENCES

Give the names of at least 3 professional references who can supply information pertinent to your job performance (excluding relatives)

**Name and Occupation**

**Phone Number**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## ADDITIONAL INFORMATION

To assist us in finding the proper position for you in our Company, use the space provided below to summarize any additional information necessary to describe your full qualifications.

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## PLEASE READ CAREFULLY

### APPLICATION'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.*

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

*I understand that the information collected on this application is for the purpose of assessing my employment opportunities with White Oakes Conference Resort & Spa and I also understand that if I am hired by White Oakes Conference Resort & Spa 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 of Applicant \_\_\_\_\_

**TO BE COMPLETED AFTER YOU ARE HIRED**

Date of Birth \_\_\_\_\_

Social Insurance Number \_\_\_\_\_

Sex: Male  Female

**!** Person(s) to be notified in case of an emergency

**Name and Occupation**

**Phone Number**

1. \_\_\_\_\_

Address \_\_\_\_\_

*(please provide an alternate, should you first contact be unavailable)*

2. \_\_\_\_\_

Address \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interview  Yes  No

Date \_\_\_\_\_

Result of Interview \_\_\_\_\_

Starting Rate \_\_\_\_\_ 90-day \_\_\_\_\_ Other \_\_\_\_\_

Orientation Date \_\_\_\_\_

Interviewed by \_\_\_\_\_

Approved \_\_\_\_\_