



OKTOBERFEST/ Temporary Employment Form

Please Print Clearly

Last Name:	First:	Mid. Int:
Street:	Unit:	Home Phone:
City:	Work Phone:	
Province:	Cell Phone:	
Postal Code:	Email :	

Social Insurance Number 	Birth date (mm/dd/yy) 	Do you have Health and Safety Awareness Training YES/ NO IF YES please attach certificate
Are you Bondable? YES / NO	Are you legally entitled to work in Canada? YES/NO	Do you have WHMIS Certification? YES / NO
Do you have a reliable means of transportation to get to work? YES / NO	Are you 18 years or older and less than 65 years of age? YES / NO	Have you ever been convicted of a criminal offence for which a pardon has not been granted? YES / NO

Position Desired: Mark in order of Preference 1,2,3,.....)

Beer Keg Control _____ Kitchen _____ Bus Person _____ Cashier _____
 Novelties _____ Office _____ Coat Check _____
 Janitor _____ Parking _____ Liquor Control _____

VALID SMART SERVE CERTIFICATION IS REQUIRED FOR THE FOLLOW POSITIONS:

Beer Tapper/Service Bars: _____ Waiter/Waitress: _____ Shooter/Schnapps Bars: _____
 Security Department _____ (VALID COPY OF SECURITY LICENSE REQUIRED WITH APPLICATION)
 Smart Serve #: _____ (A VALID COPY IS REQUIRED WITH THE APPLICATION)

* **FOR SECURITY APPLICANTS ONLY:** License Number: _____ Expiry Date: _____

YOU WILL BE REQUIRED TO HAVE ALL CERTIFICATION WITH YOU WHEN WORKING

Hours of Operation

Available Hours

1 st Friday	6pm-1am	from _____ to _____
1 st Saturday	6pm-1am	from _____ to _____
Sunday	noon-6pm	from _____ to _____
Monday/Thanksgiving	11am-6pm	from _____ to _____
Tuesday	Closed	
Wednesday	7pm-1am	from _____ to _____
Thursday	6pm-12am	from _____ to _____
2 nd Friday	6pm-1am	from _____ to _____
2 nd Saturday	6pm-1am	from _____ to _____

List relevant experience and any other training you have obtained:

Work History

Employer (Present or Last)	Employers Address/Phone#	Job Title

Period Employed
From(mo/yr)_____
To(mo/yr) _____

Describe Job Duties and Responsibilities

Name & Title of Supervisor

May we contact your present or Last Employer for Reference?
YES / NO

Emergency Contact
Name: _____
Phone: _____

Are you a club Member: Social _____ Active _____ No _____

Have you ever worked here before during Oktoberfest? Yes _____ No _____

If Yes, What years and what positions? Year _____ Position _____

Year _____ Position _____

IMPORTANT

* ALL STAFF SERVING CUSTOMERS **MUST** WEAR A DIRNDL OR LEDERHOSEN

* COMPLETED TD1 GOVERNMENT FORMS **MUST** BE SIGNED AND ACCOMPANY APPLICATION

We consider applicants without regard to race, colour, creed, ancestry, origin, sex, sexual orientation, marital status, family status or other protected status.

The foregoing statements are correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and regulations of the Concordia Club, including serving an initial probationary period.

Applicant signature: _____ Date: _____

FOR DIRECTORS/OFFICE USE ONLY

Position _____ Department _____

Pay Rate _____ Authorized By _____