

2nd Saturday

6pm-1am

Phone: (519) 745-5617, Fax (519) 745-5141 email: mail@concordiaclub.ca

to

OKTOBERFEST/ Temporary Employment Form

Please Print Clearly Mid. Int: First: Last Name: Street: Unit: Home Phone: Work Phone: City: Cell Phone: Province: 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 Do you have WHMIS Certification? Are you legally entitled to work in Are you Bondable? YES / NO YES / NO YES/NO Canada? Do you have a reliable means of Have you ever been convicted of a Are you 18 years or older and less transportation to get to work? criminal offence for which a pardon than 65 years of age? YES / NO YES / NO has not been granted? YES / NO Position Desired: Mark in order of Preference 1,2,3,......) Kitchen ____ Bus Person ___ Cashier ____ Beer Keg Control 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** 1st Friday to 6pm-1am from 1st Saturday 6pm-1am from noon-6pm to Sunday from Monday/Thanksgiving 11am-6pm from 10 Closed Tuesday Wednesday 7pm-1am from to from to Thursday 6pm-12am 2nd Friday to_____ 6pm-1am from

from

List relevant experience and any of	her 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: Socia	al Active No
	re during Oktoberfest? YesNo
If Yes, What years and what pos	itions? YearPosition
	YearPosition
	IMPORTANT
* ALL STAFF SERVING (CUSTOMERS MUST WEAR A DIRNDL OR LEDERHOSEN
* COMPLETED TD1 GOVERNME	NT FORMS MUST BE SIGNED AND ACCOMPANY APPLICATION
status, family status or other protected The foregoing statements are correct to disqualify me from employment or be	to race, colour, creed, ancestry, origin, sex, sexual orientation, marital status. the best of my knowledge. I understand that any misrepresentation may cause for my dismissal. If hired, I agree to abide by all rules and luding serving an initial probationary period.
Applicant signature:	Date:
FOR DI	RECTORS/OFFICE USE ONLY
Position_	Department
Pay Rate	Authorized By

Clear Data

2023 Personal Tax Credits Return

Protected B when completed

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Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions.

Fill out this form based on the best estimate of your circumstances.

If you do not fill out this form, your tax deductions will only include the basic personal amount, estimated by your employer or payer based on the income they pay you.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number	er
Address	Postal code	For non-residents only Country of permanent reside	nce	ocial insurance number
1. Basic personal amount – Every resident of Canad from all sources will be greater than \$165,430 and you return at the end of the tax year. If your income from a partial claim. To do so, fill in the appropriate section of	u enter \$15,000, you may h Ill sources will be greater th	have an amount owing on your in nan \$165,430, you have the option	come tax and bene n to calculate a	efit
Canada caregiver amount for infirm children und 2006 or later who lives with both parents throughout the parent who has the right to claim the "Amount for an ethe child.	ne year. If the child does no	ot live with both parents througho	ut the year, the	
3. Age amount – If you will be 65 or older on Decembor less, enter \$8,396. You may enter a partial amount calculate a partial amount, fill out the line 3 section of	if your net income for the y			
4. Pension income amount – If you will receive regul Pension Plan, Quebec Pension Plan, old age security, \$2,000 or your estimated annual pension income.				
5. Tuition (full-time and part-time) – Fill in this sectic certified by Employment and Social Development Can total tuition fees that you will pay if you are a full-time	ada, and you will pay more			- 14 1 3
6. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,428.	mount on your income tax	and benefit return by using Form	T2201, Disability	
7. Spouse or common-law partner amount – Enter or common-law partner is infirm) and your spouse's of following conditions apply: You are supporting your spouse or common-law p Your spouse or common-law partner's net income	r common-law partner's es partner who lives with you	stimated net income for the year i	f both of the	
spouse or common-law partner is infirm)	ac subscience man			
In all cases, go to line 9 if your spouse or common-law 8. Amount for an eligible dependant – Enter the diff				
dependant is infirm) and your eligible dependant's est You do not have a spouse or common-law partne who you are not supporting or being supported by	timated net income for the r, or you have a spouse or	year if all of the following condition	ons apply:	nd
You are supporting the dependant who is related to				
 The dependant's net income for the year will be le you cannot claim the Canada caregiver amount 				nd
In all cases, go to line 9 if your dependant is 18 years				
 Canada caregiver amount for eligible dependant year, you support an infirm eligible dependant (aged the year will be \$26,782 or less. To calculate the amount 	18 or older) or an infirm sp	pouse or common-law partner wh	ose net income for	
10. Canada caregiver amount for dependant(s) age 18 or older (other than the spouse or common-law paclaimed an amount for if their net income were under 5 You may enter a partial amount if their net income for out the line 10 section of Form TD1-WS. This workshe with another caregiver who supports the same depend or older.	artner or eligible dependant \$17,499) whose net income the year will be between \$ set may also be used to ca	you claimed an amount for on line for the year will be \$18,783 or I 18,783 and \$26,782. To calculate loulate your part of the amount if	ne 9 or could have ess, enter \$7,999. e a partial amount, you are sharing it	
11. Amounts transferred from your spouse or com their age amount, pension income amount, tuition amounused amount.				
12. Amounts transferred from a dependant – If you benefit return, enter the unused amount. If your or you all of their tuition amount on their income tax and benefit	ir spouse's or common-law	partner's dependent child or gra)
13. TOTAL CLAIM AMOUNT – Add lines 1 to 12. Your employer or payer will use this amount to determ	ine the amount of your tax	deductions.		

Filling	Out	Form	TD1
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Fill out this form only if any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- · you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- you want to claim the deduction for living in a prescribed zone
 you want to increase the amount of tax deducted at source
- Sign and date it, and give it to your employer or payer.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1 for 2023, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on Line 13 and do not fill in Lines 2 to 12.

Total income is less than the total claim amount

Tick this box if your total income for the year from all employers and payers will be less than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

For non-resident only (Tick the box that applies to you.)

As a non-resident, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2023?

Yes (Fill out the previous page.)

No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

Call the international tax and non-resident enquiries line at 1-800-959-8281 if you are unsure of your residency status.

Provincial or territorial personal tax credits return

You also have to fill out a provincial or territorial TD1 form if your claim amount on line 13 is more than \$15,000. Use the Form TD1 for your province or territory of **employment** if you are an employee. Use the Form TD1 for your province or territory of **residence** if you are a pensioner. Your employer or payer will use both this federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

Your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount if you are claiming the basic personal amount only.

Note: You may be able to claim the child amount on Form TD1SK, 2023 Saskatchewan Personal Tax Credits Return if you are a Saskatchewan resident supporting children under 18 at any time during 2023. Therefore, you may want to fill out Form TD1SK even if you are only claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

You may claim **any** of the following amounts if you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2023:

- . \$11.00 for each day that you live in the prescribed northern zone
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling

that you maintain, and you are the only person living in that dwelling who is claiming this deduction

Employees living in a prescribed intermediate zone may claim 50% of the total of the above amounts.

For more information, go to canada.ca/taxes-northern-residents.

Additional tax to be deducted

You may want to have more tax deducted from each payment if you receive other income such as non-employment income from CPP or QPP benefits, or old age security pension. You may have less tax to pay when you file your income tax and benefit return by doing this. Enter the additional tax amount you want deducted from each payment to choose this option. You may fill out a new Form TD1 to change this deduction later.

It is a serious offence to make a false return.

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Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get our forms and publications, go to canada.ca/cra-forms-publications or call 1-800-959-5525.

Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-information-about-programs.

Certification I certify that the information given on this form is correct and complete. Signature Date 2023-01-06

TD1 E (23) Page 2 of 2



2023 Ontario Personal Tax Credits Return

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Ontario 😵

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee num	ber
Address	Postal code	For non-residents only Country of permanent reside	ence	Social insurance number
Basic personal amount – Every person employed if you will have more than one employer or payer at the on page 2. Age amount – if you will be 65 or older on December 1.	e same time in 2023, see "N	More than one employer or paye	r at the same time	11,000
enter a partial amount if your net income for the year w line 2 section of Form TD10N-WS, Worksheet for the	vill be between \$43,127 and	\$81,747. To calculate a partial		
3. Pension income amount – If you will receive regul Plan, Quebec Pension Plan, Old Age Security, or Gua your estimated annual pension.				
4. Disability amount – If you will claim the disability a Tax Credit Certificate, enter \$9,586.	mount on your income tax a	and benefit return by using Form	T2201, Disability	
5. Spouse or common-law partner amount – Enter the following conditions apply:	\$10,075 if you are supporting	ng your spouse or common-law p	partner and both	of
· Your spouse or common-law partner lives with you	ı			
· Your spouse or common-law partner's net income	for the year will be \$1,007	or less		
You may enter a partial amount if your spouse's or cor To calculate a partial amount, fill out the line 5 section		ome for the year will be between	\$1,007 and \$11,0	082.
6. Amount for an eligible dependant – Enter \$10,079 conditions apply:	5 if you are supporting an e	ligible dependant and all of the f	ollowing	
 You do not have a spouse or common-law partne who you are not supporting or being supported by 		common-law partner who does r	not live with you a	ind
 The dependant is related to you and lives with you 	l Marketon V			
 The dependant's net income for the year will be \$1 	1,007 or less			
You may enter a partial amount if the eligible dependa partial amount, fill out the line 6 section of Form TD10		will be between \$1,007 and \$11	,082. To calculat	e a
7. Ontario caregiver amount – You may claim this ar your or your spouse's or common-law partner's:	mount if you are supporting	an eligible infirm dependant age	d 18 or older who	is
child or grandchild				
 parent, grandparent, brother, sister, aunt, uncle, n 	iece or nephew who is resid	dent in Canada		
To calculate this amount, fill out the line 7 section of Fo	orm TD1ON-WS.			
8. Amounts transferred from your spouse or commage amount, pension income amount, or disability amount, or disability amount, or disability amount amount, or disability amount amount, or disability amount				eir
9. Amounts transferred from a dependant – If your obenefit return, enter the unused amount.	dependant will not use all o	f their disability amount on their	income tax and	
10. TOTAL CLAIM AMOUNT - Add lines 1 to 9.	ing the amount of vous pro-	incial toy doductions		

Filling out Form TD10N

Fill out this form only if you are an employee working in Ontario or a pensioner residing in Ontario and any of the following apply:

- you have a new employer or payer, and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration
- . you want to change the amounts you previously claimed (for example, the number of your eligible dependants has changed)
- · you want to increase the amount of tax deducted at source

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1ON, your employer or payer will deduct taxes after allowing the basic personal amount only.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD10N for 2023, you cannot claim them again. If your total income from all sources will be more than the personal tax credits you claimed on another Form TD10N, check this box, enter "0" on line 10 and do not fill in lines 2 to 9.

Total income is less than the total claim amount

Tick this box if your total income for the year from **all** employers and payers will be **less** than your total claim amount on line 10. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you want to have more tax deducted at source, fill out section "Additional tax to be deducted" on the federal Form TD.

Reduction in tax deductions

You may ask to have less tax deducted at source if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

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Personal information (including the SIN) is collected for the purposes of the administration or enforcement of the Income Tax Act and related programs and activities including administering tax, benefits, audit, compliance, and collection. The information collected may be used or disclosed for purposes of other federal acts that provide for the imposition and collection of a tax or duty. It may also be disclosed to other federal, provincial, territorial, or foreign government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties, or other actions. Under the Privacy Act, individuals have a right of protection, access to and correction of their personal information, or to file a complaint with the Privacy Commissioner of Canada regarding the handling of their personal information. Refer to Personal Information Bank CRA PPU 120 on Info Source at canada.ca/cra-information-about-programs.

Certification		
certify that the information given on this form is correct and complete.		
Signature	Date	2023-01-06
It is a serious offence to make a false return.		

TD10N E (23) Page 2 of 2