



Connors Bros.

Clover Leaf Seafoods Company

180 Brunswick St., Blacks Harbour, NB E5H 1G6

Phone: (506) 456-1397 or 1-800-905-2282

Fax: (506) 456-1569 Email: careers@connors.ca

www.connors.ca

DATE: _____

FULL TIME

STUDENT

NOTE: FOR STUDENTS ONLY

STUDENT (Ages 14 – 16)

Please indicate name of parent or legal guardian who currently works for the Company if applicable

Parent or Legal Guardians Name: _____

FAMILY/ LAST NAME (Please print)		GIVEN / FIRST AND MIDDLE NAMES		SOCIAL INSURANCE NUMBER	
PRESENT ADDRESS					
				POSTAL CODE	
NO.	STREET	CITY	PROV.	TELEPHONE	
PERMANENT ADDRESS (If different from above)					
				POSTAL CODE	
NO.	STREET	CITY	PROV.	TELEPHONE	

JOBS APPLIED FOR:	RATE OF PAY EXPECTED:	IF HIRED, DATE AVAILABLE :
1.	\$ PER:	
2.	\$ PER:	
3.	\$ PER:	

HAVE YOU WORKED FOR US BEFORE? YES NO

IF YES, WHEN AND WHERE? _____

NAME USED IF PREVIOUSLY EMPLOYED UNDER A DIFFERENT NAME: _____

DRIVER'S LICENSE	IF HIRED, WHAT ARE YOUR MEANS OF TRANSPORTATION TO WORK?		
YES <input type="checkbox"/> NO <input type="checkbox"/> CLASS:	OWN VEHICLE <input type="checkbox"/>	WITH CO-WORKER <input type="checkbox"/>	OTHER <input type="checkbox"/>
EXPLAIN:			

ARE YOU LEGALLY ELIGIBLE TO ACCEPT EMPLOYMENT IN CANADA? YES NO
Documentary evidence of eligibility may be requested after a job offer is made.

ARE YOU OF LEGAL WORKING AGE (16 or Over)? YES NO
If you are 14 or 15, a Worker's Permit must accompany this form

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE FOR WHICH YOU HAVE NOT RECEIVED A PARDON? YES NO

IF HIRED, WILL YOU BE AVAILABLE TO START WORK IMMEDIATELY? YES NO
If no, what date will you be available?

CAN YOU BE CONTACTED AT THE PHONE NUMBER ABOVE DURING THE DAY? YES NO
If no, is there another number you can be reached at during the day? Please list.

DO YOU HAVE ANY OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH MAY BE RELATED TO EMPLOYMENT WITH US?

CONNORS BROS. HAS SHIFTS THAT RUN SEVEN DAYS PER WEEK. YOU MAY BE REQUESTED TO WORK ANY ONE OF THE FOLLOWING OPERATING SHIFTS.

WHICH SHIFT WOULD YOU PREFER: *Please rate your preference for each shift listed to the right*

DAYS	NO PREFERENCE <input type="checkbox"/>	NEVER <input type="checkbox"/>	SELDOM <input type="checkbox"/>	PREFERRED <input type="checkbox"/>
AFTERNOONS	NO PREFERENCE <input type="checkbox"/>	NEVER <input type="checkbox"/>	SELDOM <input type="checkbox"/>	PREFERRED <input type="checkbox"/>
EVENINGS	NO PREFERENCE <input type="checkbox"/>	NEVER <input type="checkbox"/>	SELDOM <input type="checkbox"/>	PREFERRED <input type="checkbox"/>
WEEKENDS	NO PREFERENCE <input type="checkbox"/>	NEVER <input type="checkbox"/>	SELDOM <input type="checkbox"/>	PREFERRED <input type="checkbox"/>
OVERTIME	NO PREFERENCE <input type="checkbox"/>	NEVER <input type="checkbox"/>	SELDOM <input type="checkbox"/>	PREFERRED <input type="checkbox"/>

EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	FROM/TO (YEARS)		GRADUATED		PROGRAM OR MAJOR
				YES	NO	
HIGH SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>	
GED				<input type="checkbox"/>	<input type="checkbox"/>	
UNIVERSITY				<input type="checkbox"/>	<input type="checkbox"/>	
BUSINESS OR TRADE SCHOOL				<input type="checkbox"/>	<input type="checkbox"/>	
OTHER				<input type="checkbox"/>	<input type="checkbox"/>	

PRIOR WORK HISTORY

(List in order, last or present employer first)

NAME AND ADDRESS OF EMPLOYER	FROM		TO		RATE OF PAY START/FINISH	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
	Mo.	Yr.	Mo.	Yr.			
1.							
Describe Work:							
Phone Number:							
2.							
Describe Work:							
Phone Number:							
3.							
Describe Work:							
Phone Number:							
4.							
Describe Work:							
Phone Number:							

WORK REFERENCES

*Give the names of at least three people (preferably supervisors) who can supply information pertaining to your job performance
(Do not include relatives).*

NAME & OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

Connors Bros. Clover Leaf Seafoods Company is committed to the principles of equity in employment and supports programs that promote a more equitable participation of designated groups. Your voluntary response to the four questions below will assist us in ensuring that Connors Bros. Clover Leaf Seafoods Company effectively meets its commitment to improve employment opportunities for members of these designated groups.

This information will be used only for the purpose of complying with Federal Government Employment Equity regulations and developing Employment Equity programs at Connors Bros. Clover Leaf Seafoods Company.

COMPLETION OF THE FOLLOWING IS VOLUNTARY. THIS INFORMATION WILL BE USED ONLY FOR THE PURPOSE OF DEVELOPING EMPLOYMENT EQUITY PROGRAMS AT CONNORS BROS.

GENDER

Male Female

MEMBER OF THE ABORIGINAL PEOPLES OF CANADA

Yes No

MEMBER OF A VISIBLE MINORITY GROUP

Yes No

DISABLED PERSONS

Persons with disabilities are persons who have persistent, physical, mental, psychiatric, sensory or learning impairment that they themselves consider, or believe an employer may consider, a disadvantage in employment.

Yes No

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that I may be required to provide legal proof of my ability to work in Canada if a conditional offer of employment is made.

I certify that the information contained in this application is true and complete, to the best of my knowledge. I understand that if employed, falsified statements on this application will be considered sufficient cause for dismissal.

I authorize any person, educational institution, or organization listed on this application, to disclose in good faith any information they may have regarding my qualifications for employment. I will hold you and any of my former employers, educational institutions and any other persons giving references, free of liability for providing this information and any other reasonable and necessary information related to my application for employment.

SIGNATURE OF APPLICANT _____