

2009-2010

# Career Focus Employee Application



EMPLOYER INFORMATION Position Number

Employer File Number (If Known)  1  0

Name and Address of Business/Organization: \_\_\_\_\_

Employee Position Title \_\_\_\_\_

Date employer would like employee to begin work full-time: \_\_\_\_\_

The following sections must be completed by employees who are applying for positions created through **Career Focus**. For further information visit the website: [opportunitiesmb.ca](http://opportunitiesmb.ca) or call: 945-3556 or Toll-Free 1-800-282-8069 (ext. 3556)

## EMPLOYEE INFORMATION

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Present Address \_\_\_\_\_ Number and Street \_\_\_\_\_ Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Social Insurance Number ---- Date of Birth: (YY/MM/DD) \_\_\_\_\_  Male  Female

1. Are you legally entitled to work in Canada?  Yes  No If yes, are you a  Canadian Citizen or  Landed Immigrant?
2. a) Are you an immediate relative (father, mother, legal guardian, spouse, child/ward, brother, sister) of the owner, hiring authority or any director of the business/organization?  Yes  No If yes, please specify relationship: \_\_\_\_\_
- b) Are you an owner or part owner in this business/organization?  Yes  No
- c) Are you a board member or member of the executive of the institution/organization to which you are applying?  Yes  No

3. If you fall within any of the following employment equity categories, please check applicable boxes:
- Person with a Disability  Visible Minority  Other \_\_\_\_\_
- First Nation  Métis  Inuit

## STATUS/EDUCATION Current academic year only

1. Are you: (Check Only One)  A full-time student Taking 60% or more of a normal year's studies  A part-time student Taking less than 60% of a normal year's studies  Not a Student/Other \_\_\_\_\_

2. Is this position related to your career goals?  Yes  No  Somewhat
- Applicants please describe how this position relates to your career goals: \_\_\_\_\_

3. Are you currently employed more than 20 hours per/week with another employer?  Yes  No
- If yes, indicate current employer and start date: \_\_\_\_\_ If no, indicate approximate date last employment ended: \_\_\_\_\_

4. Please indicate your current level of education (year of study, program and institution):
- High School**  Grade 9 or less  Grade 10  Grade 11  Grade 12
- Community College**  Year 1  Year 2  Year 3
- University**  Year 1  Year 2  Year 3  Year 4  Year 5 or greater

School/educational institution you are/were attending: \_\_\_\_\_

Indicate the faculty/course/program: \_\_\_\_\_ Is this a co-op program?  Yes  No

5. Is this a Senior Years Apprenticeship Option?  Yes  No
6. Are you returning to school for the fall semester?  Yes  No If yes,  full-time or  part-time
- If yes, indicate the educational institution you will be attending: \_\_\_\_\_
- What faculty/course/program: \_\_\_\_\_

I certify that the foregoing statements made by me are true in substance and complete to the best of my knowledge and that I have not withheld any information relative to this application. I understand that I am entitled to and will receive Vacation Allowance, at minimum, equal to 4% of my gross regular earnings for a partial year or should I continue employment for a full year, I will receive, at minimum, two weeks vacation with pay. I authorize Manitoba Education Citizenship and Youth to verify the above information.

Employee Signature

X \_\_\_\_\_

Date \_\_\_\_\_

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

"The personal information is being collected under the authority of Manitoba Education, Citizenship and Youth will be used and disclosed for the purpose of determining your eligibility for employment opportunities with its programs. This personal information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Program Manager, at (204) 945-5396 at MB4Youth Division, 310-800 Portage Avenue, Winnipeg, Manitoba, R3G 0N4."

## FOR OFFICE USE ONLY

Eligible Employee  YES  NO Approved Funding Start Date ----- Employee Status  Entered by  Program Code  CF

Signature: \_\_\_\_\_ Date: \_\_\_\_\_