

BROWNRIDGE GREENHOUSES AND NURSERY LTD

9527 10th Side Road, RR # 5, Milton (Halton Hills), Ontario L9T 2X9

PHONE(905)878-1948 * FAX(905)878-9511

APPLICATION FOR EMPLOYMENT

TODAYS DATE: _____ START DATE AVAILABLE: _____

POSITION PREFERRED (CHECK BELOW):

_____ FULL TIME SEASONAL (SPRING AND/OR SUMMER AND/OR FALL)

_____ FULL TIME SUMMER STUDENT (LATE APRIL- MID/LATE AUGUST)

_____ FULL TIME SEASONAL STUDENT (LATE APRIL TO MID/LATE JUNE)

_____ HIGH SCHOOL STUDENT (SATURDAYS IN APRIL/MAY)

___N/A___ FULL TIME YEAR AROUND - Not hiring full time permanent positions

LEGAL NAME: _____

PREFERRED NAME: _____

ADDRESS: _____ APT. NO. _____

CITY: _____ POSTAL CODE: _____

CONTACT PHONE NUMBER: _____

E-MAIL ADDRESS: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES NO

CAN YOU SPEAK ENGLISH? NOT AT ALL _____ A LITTLE _____ FAIR _____ FLUENT _____.

CAN YOU READ ENGLISH? NOT AT ALL _____ A LITTLE _____ FAIR _____ FLUENT _____.

CAN YOU WRITE ENGLISH? NOT AT ALL _____ A LITTLE _____ FAIR _____ FLUENT _____.

DO YOU SPEAK ANOTHER LANGUAGE? If so what is it? _____.

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM WORK – NO PUBLIC TRANSPORTATION IN AREA: YES NO

DO YOU HAVE A VALID DRIVERS LICENSE? YES NO WHAT CLASS? _____

ARE YOU AVAILABLE TO WORK 7:00AM – 3:30PM? YES NO

ARE YOU ABLE TO WORK TO 4:30PM AND LATER IN APRIL AND MAY YES NO N/A

ARE YOU ABLE TO WORK UP 65 HOURS PER WEEK IN APRIL AND MAY YES NO N/A

ARE YOU AVAILABLE AND WILLING TO WORK MORE THAN 40 HOURS PER WEEK? YES NO
(OVERTIME PAY AND HOUR LIMITATIONS DO NOT APPLY AS PER LABOUR LAW RE: FARMING/GREENHOUSE)

ARE YOU ABLE TO WORK ALL SATURDAYS (after your start date) IN APRIL AND MAY? YES NO N/A

ARE YOU ABLE TO WORK GOOD FRIDAY(if after your start date) AND VICTORIA DAY? YES NO N/A

ARE YOU A STEADY WORKER AND ABLE TO CONCENTRE ON THE JOB CONTINUOUSLY? YES NO

ARE YOU ABLE TO MAINTAN A GOOD PACE WORKING BY ONE'S SELF OR IN A GROUP YES NO

ARE YOU QUICK WITH YOUR HANDS AND FINGERS? YES NO

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DO YOU LEARN EASILY? YES NO
ARE YOU ACCURATE IN COUNTING? YES NO
ARE YOU IN GOOD HEALTH? YES NO
DO YOU HAVE ANY HEALTH CONDITIONS THAT WE SHOULD BE AWARE OF FOR YOUR SAFETY AND OURS?
YES NO
HAVE YOU ANY PRESENT OR PREVIOUS BACK PROBLEMS OR BACK INJURIES? YES NO

THIS JOB REQUIRES:

BENDING TO GROUND LEVEL, LIFTING FROM GROUND LEVEL, WALKING AND STANDING ALL DAY.

ARE YOU PHYSICALLY CAPABLE OF DOING THIS DAILY. YES NO

YOU WOULD BE WORKING IN COLD OR HOT, WET, HUMID, RAIN. NO CLIMATE CONTROL IN THE SUMMER MONTHS.

ARE YOU ABLE TO HANDLE THESE WORKING CONDITIONS? YES NO

AS WE HAVE PLANTS, FLOWERS, INSECTS, ANIMALS AND RELATED ITEMS, SOME PEOPLE HAVE ALLERGIC REACTIONS TO SUCH THINGS. DO YOU SEE THIS AS A PROBLEM FOR YOU? YES NO

ARE YOU COMFORTABLE AROUND INSECTS AND DOGS? YES NO

ARE YOU A SMOKER? YES NO

DO YOU HAVE A PROBLEM WORKING IN A MULTICULTURAL ENVIRONMENT YES NO

WHICH 2 LETTERS ARE MISSING: ABCDEFGHIJKLMNOPQRSTUVWXYZ _____ AND _____

8 X 6 = _____ 8 X 3 = _____

STUDENTS ONLY

ARE YOU CURRENTLY A STUDENT YES NO

ARE YOU CURRENTLY ATTENDING: HIGHSCHOOL COLLEGE/UNIVERSITY

WHAT TERM(S) ARE AVAILABLE FOR FULL TIME WORK _____

I UNDERSTAND THAT STANDARD WORK DEDUCTIONS (EI, CPP, TAX) WILL BE TAKEN OFF OF ALL HOURS WORKED. I WILL GIVE MY SOCIAL INSURANCE NUMBER TO THE OFFICE PRIOR TO THE RECEIPT OF MY FIRST PAY CHEQUE.

SIGNATURE: _____ DATE: _____

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL, I FURTHER UNDERSTAND THAT IF THIS POSITION REQUIRES A VALID DRIVERS LICENCE, PROOF THEREOF WILL BE REQUIRED AFTER HIRE.

SIGNATURE: _____ DATE: _____