

Application for Employment - EXTERNAL

Position Applied For _____		Competition No. (if applicable) _____
First Name _____	Middle Name _____	Last Name _____
Street _____	City _____	Postal Code _____
Home Telephone _____	Business Telephone _____	Cellular Telephone _____
Email _____		

NLC is committed to protecting the personal privacy of individuals and any information which you provide is considered to be confidential, and will only be used for the purpose for which it was collected. This information will not be distributed to others unless legally required.

It is a provincial law that a person must be at least 19 years of age to work with and around liquor.

Are you 19 years of age or over? Yes No

Do you have a High School Diploma or equivalent? Yes No Year completed _____ Location _____

What type of employment do you prefer? Full-time Part-time Temporary Available to start work on _____

If part-time or temporary state days and hours available _____

Do you have any geographic preference or restrictions regarding work locations? Yes No

If yes, please specify _____

Have you worked with NLC previously? Yes No If yes, please complete Year(s) from: _____ to _____

NLC Location _____ Position _____

Have you ever been convicted of theft or fraud, or any other breach of trust, for which no pardon was given? Yes No

*This information is only applicable to certain positions.

If yes, please specify: _____

Are you eligible to work in Canada? Yes No

FOR OFFICE USE ONLY:

_____ Date

_____ Received by

Please note: The Education and Employment History sections may be omitted if a current, detailed resume has been attached.

Education

Successful applicants will be required to provide proof of successful completion of relevant courses.

Post Secondary

School/College/University	Program	Year Graduated
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Training/Programs Completed

Course/Seminar	Conducted by	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional comments

1. Present or Most Recent Employer

Position title

Address

Employment start date

End date

Immediate supervisor

Telephone

May be contacted for a reference?

Yes No

Reason for leaving

Describe your major duties and responsibilities

2. Previous Employer

Position title

Address

Employment start date

End date

Immediate supervisor

Telephone

May be contacted for a reference?

Yes No

Reason for leaving

Describe your major duties and responsibilities

3. Previous Employer

Position title

Address

Employment start date

End date

Immediate supervisor

Telephone

May be contacted for a reference?

Yes No

Reason for leaving

Describe your major duties and responsibilities

4. Previous Employer

Position title

Address

Employment start date

End date

Immediate supervisor

Telephone

May be contacted for a reference?

Yes No

Reason for leaving

Describe your major duties and responsibilities

Additional Information

Please use this section to provide any additional information (*if not included in your resume*) such as:

1. Professional memberships held;
2. Special interests and activities;
3. Scholarships and/or awards;
4. Service in voluntary organizations;
5. Certifications/Designations

References

List three persons, other than relatives, **who are in a position to judge your work performance**, whom we may contact for a reference.

1. _____
Name, Title, Company

Cellular telephone Business telephone Email
2. _____
Name, Title, Company

Cellular telephone Business telephone Email
3. _____
Name, Title, Company

Cellular telephone Business telephone Email

Declaration

I certify that all statements made in this application are true and complete to the best of my knowledge. I hereby authorize Newfoundland Labrador Liquor Corporation to make any necessary inquiries of any person to determine my suitability for employment. I understand and consent that in the event I am offered employment it shall be conditional on an independent medical assessment and police clearance letter/certificate of conduct as required. I further understand that any statement made on this application or accompanying documents found, at any time, to be false and/or incomplete shall be sufficient cause for disqualification or dismissal.

Date

Signature