

# PLAYGROUND



## Job Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone number Home: \_\_\_\_\_, Facebook Profile Name: \_\_\_\_\_

Are you 18 years of age or older? \_\_\_Y or \_\_\_N, Position Applying for: \_\_\_\_\_

What date are you available to start work? \_\_\_\_\_

Have you worked or applied to Playground/Rail before? \_\_\_Y or \_\_\_N Were you hired? \_\_\_Y or \_\_\_N

For what position? \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

**Medical Disclosure;** Do you suffer from any Allergies, Medical Condition/Disability, or currently on any prescribed Drugs that the company should be aware of for your safety.

\_\_\_Y or \_\_\_N, Details: \_\_\_\_\_

### **Emergency Contacts;**

- |    |                                      |                |                       |
|----|--------------------------------------|----------------|-----------------------|
| 1. | .....<br>Primary Emergency Contact   | .....<br>Phone | .....<br>Relationship |
| 2. | .....<br>Secondary Emergency Contact | .....<br>Phone | .....<br>Relationship |

### **Criminal Background;**

Have you ever been convicted of a criminal offense? \_\_\_Y or \_\_\_N

If yes, please describe the crime; \_\_\_\_\_

If applying for driver position, do you have a valid driver's licence? \_\_\_Y or \_\_\_N

**\*\*\*You need to provide a copy of your driving record from the SAAQ before your application can be processed.**

Any Comments: \_\_\_\_\_

***All information provided in this form, my resume, cover letter and information presented during the interview process is truthful to the best of my knowledge. I understand that falsification of any of this information or omission of any pertinent information may disqualify me from employment and/or will constitute grounds for dismissal.***

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

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

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## Schedule Availability Form

Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Available days/times & *preferred* days off: \_\_\_\_\_ Desired number of weekly hours: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							

**Required days off explanation:**

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*FORMULAIRE DE CONSENTEMENT / CONSENT FORM*

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Je, soussigné (prénom / nom de famille) \_\_\_\_\_, autorise les détenteurs de renseignements (nom de la compagnie) **Playground Poker**, NCIS, l'Agence d'investigation l'Exécutif et/ou une organisation désignée par celle-ci, à vérifier mon dossier de crédit Équifax et/ou tout autre institution financière, mon dossier personnel, mon dossier judiciaire et/ou tout autre dossier. La présente autorisation est valide pour d'autres accès à mon dossier de crédit et/ou à mon dossier judiciaire, et ce, à partir de la date de la signature du présent formulaire jusqu'à avis contraire de ma part. Mon consentement est considéré pour toute la durée de mon emploi et/ou la durée de mon contrat.

I, the undersigned (given name / family name) \_\_\_\_\_ authorize the information holders (organisation name) **Playground Poker**, NCIS, the Agence d'investigation l'Exécutif and/or a firm designated by it, to verify my Equifax credit bureau and/or any other financial institution, my personal file, my criminal file record and/or any other file. The present authorization is valid for several accesses on my credit bureau and/or my criminal record file, beginning my signature date of this form until further notice from me. My consent is in effect for the duration of my employment and/or the duration of my contract.

Signé à / signed in \_\_\_\_\_ le / the \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(ville/city)

\_\_\_\_\_  
Signature

**Complétez en LETTRES MAJUSCULES / Fill in CAPITAL LETTERS**

Nom de famille / Family name: \_\_\_\_\_ Prénom / Given name: \_\_\_\_\_

Date de Naissance / DOB : A / Y \_\_\_\_\_ M / M \_\_\_\_\_ J / D \_\_\_\_\_ N.A.S. : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permis de conduire / Driver license : \_\_\_\_\_

Adresse / address : \_\_\_\_\_ Code Postal : \_\_\_\_\_ - \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Téléphone mobile / Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_