



Application for Employment

THIS FORM IS FOR CANADA

Last Name:		First Name:		Middle Name:	
Street Address:			Apt. # / Unit:	City:	Province: Postal Code:
Home Telephone: ()		Other Telephone: ()		Email Address:	
Position Applied For: 1. 2.				Date Available to Begin Work:	
Work Status Sought: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual			Location Applied To:		
Would you accept work anywhere in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you available for shift work? <input type="checkbox"/> YES <input type="checkbox"/> NO		If applying for a position serving alcoholic beverages, have you obtained the legal age requirements for the location for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you legally entitled to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO			Weekend Work? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you worked for any Fairmont Hotel, Canadian Pacific Hotel, Princess Hotel, Delta Hotel or Fairmont Hotel & Resort before? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, please give location and dates employed:		
Are you related to anyone working at Fairmont Hotels & Resorts? (Your answer will not disqualify you from Employment with Fairmont Hotels & Resorts) <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, please state who and where they work:		
Were you referred to Fairmont Hotels & Resorts by one of our employees? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, please state who and where they work:		If no, please state how you were referred:
Do you consent to this form being provided to any hotel within the Fairmont organization? <input type="checkbox"/> YES <input type="checkbox"/> NO					

Employment History

Present/Last Job

Starting Position:		Last Position:		Starting Wage:	Ending Wage:
				\$	\$
Dates Employed from: to:		Supervisor:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone: ()
Employer:		Type of Business:	Address:		
Job Duties: _____					
Reason for Leaving:					

Previous Job

Starting Position:		Last Position:		Starting Wage:	Ending Wage:
				\$	\$
Dates Employed from: to:		Supervisor:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone: ()
Employer:		Type of Business:	Address:		
Job Duties: _____					
Reason for Leaving:					

Previous Job

Starting Position:		Last Position:		Starting Wage:	Ending Wage:
				\$	\$
Dates Employed from: to:		Supervisor:		May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO	Telephone: ()
Employer:		Type of Business:	Address:		
Job Duties: _____					
Reason for Leaving:					

Education and Training

	Certificate/Diploma/Degree awarded	Highest Level Completed	Length of Program	Major or Program
High School				
University / College				
Additional Education				
Licenses & Certificates held				
Computer Skills (please indicate your proficiency by number): <input type="checkbox"/> 1 Advanced <input type="checkbox"/> 2 Intermediate <input type="checkbox"/> 3 Beginner				Typing W.P.M.:
Delphi:	Excel:	Other:		
Language Skills (please indicate your proficiency by number): <input type="checkbox"/> 1 Speak, Understand, Read and Write <input type="checkbox"/> 2 Speak, Understand <input type="checkbox"/> 3 Understand <input type="checkbox"/> 4 None				
English:	Other:			
Please describe any of your additional skills, volunteer work or training.				

Reference and Background Information

Please list persons we may contact

Name:	Complete Address:	Telephone:	Relationship:
		()	
		()	
		()	
		()	
Have you ever been bonded: <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you bondable? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Note: a conviction will not necessarily disqualify you from consideration for employment)</small>	Have you attached additional information to this form? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify: _____

Please read the following before signing your name below:

I hereby apply for employment. I confirm that the information on this Application for Employment form and any attached information is accurate and complete. I understand that any deliberate falsification on this form or omission of relevant information will result in the rejection of my application or, if I have already been hired, will result in the termination of my employment for just cause. If hired, I agree to submit to a company medical examination if requested in order to determine my ability to perform the functions of the job for which I am applying, and I understand that any job offer is conditional upon my passing said medical examination. In the event that a conditional offer of employment is made to me, I also consent to Fairmont Hotels & Resorts obtaining a criminal records check on me, and I understand that any offer of employment will be conditional upon the results of the criminal records check being satisfactory to Fairmont Hotels & Resorts. I authorize Fairmont Hotels & Resorts to verify all information on this form.

I understand that all new employees are on probation in the early stages of their service. If hired, my supervisor will advise me of the details of probation. I also understand that all candidates will be required to attend a personal interview and may be requested to take related qualification tests. I acknowledge that my application is not to be considered as a guarantee of employment.

Signature: _____ Date: _____

Thank you for your interest in employment with Fairmont Hotels & Resorts.

Office Use Only

Job Title:	<input type="checkbox"/> Full Time	Salary:
Department:	<input type="checkbox"/> Part Time	Rate: Per:
Effective Date:	<input type="checkbox"/> Other	Human Resources: