



ASSOCIATE APPLICATION – Resume Attached

Please Print Clearly

Last Name		First Name		
Home Phone		Cell Phone		E-Mail Address
Address:				
Type of Work Desired		Work Location(s) Desired		
Are You Bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Anywhere in Muskoka	<input type="checkbox"/> Bracebridge	<input type="checkbox"/> Huntsville
		<input type="checkbox"/> Port Carling	<input type="checkbox"/> Bala	<input type="checkbox"/> Dorset
		<input type="checkbox"/> Port Sydney	<input type="checkbox"/> Gravenhurst	<input type="checkbox"/> Dwight
		<input type="checkbox"/> Parry Sound	<input type="checkbox"/> Orillia	<input type="checkbox"/> Other:
Own Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Available to Commence Work		Min Wage Expectation
What days are you available to work? <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Public Holidays				
What shifts can you work? <input type="checkbox"/> Early Morning (before 8am) <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Overnight <input type="checkbox"/> Days only (8am – 5pm) <input type="checkbox"/> Nights only				
Position Type: <input type="checkbox"/> Temporary/Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Full Time/Permanent <input type="checkbox"/> Temp to Hire				
Minimum length of assignment you will consider:				

HOW DID YOU LEARN ABOUT MUSKOKA STAFFING?

<input type="checkbox"/> Friend/Relative/Co-worker	<input type="checkbox"/> Muskoka Staffing Website
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Employment Services Centre (YMCA)
<input type="checkbox"/> Advertisement: <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Job Bank	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Other (Please explain)	

PROFESSIONAL REFERENCES – Please list 3 individuals who have knowledge of your professional skills and abilities (no relatives):

Reference's Name	Job Title of Reference	Work Relationship with Associate	Known How Long?	Daytime Phone Number
1.				
Company Name:				
2.				
Company Name:				
3.				
Company name:				

The *Ontario Human Rights Code* states that every person has a right to equal treatment with respect to employment without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, record of offences, marital status, family status or disability. Information you provide in your Associate Application cannot and will not be used for any discriminatory purpose.

MUSKOKA STAFFING APPLICANT AGREEMENT

I acknowledge and agree that, although I have completed an Associate Application form (the "Application"), I have not been offered employment. I further acknowledge and agree that The Muskoka Staffing Co. Ltd. has not yet attempted to assign me to a Client and that The Muskoka Staffing Co. Ltd. will contact me when such an attempt is about to be made, and then, once I am assigned, my employment with The Muskoka Staffing Co. Ltd. will commence.

I acknowledge and agree that if I am employed for a specific project or task for a set term, at the end thereof my employment will automatically end and I will not be entitled to any notice of termination nor pay in lieu of such notice, nor any severance pay, pursuant to contract, statute (including but not limited to the *Employment Standards Act, 2000*), and the common law.

I understand and agree that all information listed on my Application and my résumé may be used by The Muskoka Staffing Co. Ltd. to verify my employment status and eligibility. I authorize The Muskoka Staffing Co. Ltd. to make reference checks which may include employment records, on-line searches, general reputation, and personal characteristics. I understand that any misrepresentation, deliberate omission, or falsifying of information will be sufficient cause for the cancellation of this Application and/or termination from employment with The Muskoka Staffing Co. Ltd. I acknowledge and agree that any expenses incurred by The Muskoka Staffing Co. Ltd. in verifying my qualifications and/or fitness to work, such as obtaining a driver's abstract or criminal background reference check, will be charged back to me. For greater certainty, I further acknowledge and agree that these are not "fees" pursuant to section 74.8 of the *Employment Standards Act, 2000*.

As a Muskoka Staffing Associate, I understand and unconditionally agree to the following terms of the Muskoka Staffing Applicant Agreement:

1. I acknowledge and agree that if I fail to contact The Muskoka Staffing Co. Ltd. at the beginning of each week to confirm my availability, I will be deemed to have been unavailable for work for that week for the purposes of the *Employment Standards Act, 2000*.
2. I acknowledge and agree that if I am unavailable for assignment for 3 assignments in a row, I will be deemed to have abandoned my employment and/or there will be just cause for termination of my employment and I will not be entitled to any notice of termination, nor pay in lieu of such notice, and severance pay (if applicable) pursuant to contract, statute (including but not limited to the *Employment Standards Act, 2000*) and the common law.
3. I acknowledge and agree that my employment may be terminated at any time, without cause, in which case The Muskoka Staffing Co. Ltd. shall only be required to provide to me the minimum notice of termination and/or pay in lieu thereof, and severance pay (if applicable), as required pursuant to the *Employment Standards Act, 2000*.
4. I have been provided hardcopies of the following documents from the Employment Standards Act as required by law.
 - a. Your Employment Standard Rights: Temporary Help Agency Assignment Employees Information Sheet
 - b. Employment Standards Act – What you need to know. Version 7.0
 - c. Information for Employees About Hours of Work and Overtime Pay including the agreement to Occasionally Work More Than 48 Hours Per Week. Signed copy will be located in my hard file if I choose to sign it.
 - d. Your Rights Under Employment Standards Act, 2000

I certify that the above statements have been read by me and that the statements I have made on this Application are true and correct. My dated signature below indicates my acceptance of this agreement.

Signature

Date

Application accepted by: Date:
