



# EMPLOYMENT APPLICATION

LAST NAME		FIRST NAME	INITIAL	DATE OF APPLICATION	DATE AVAILABLE TO COMMENCE WORK	EXPECTED PAY RATE
STREET ADDRESS			TOWN/CITY	POSTAL CODE	POSITIONS APPLIED FOR:	
SOCIAL INSURANCE NO.			RESIDENCE & ALTERNATE TELEPHONE			

WHEN ARE YOU AVAILABLE TO WORK? CHECK **ALL** SHIFTS AND DAYS YOU **CAN** WORK:

DAYS     SWING     GRAVE     ROTATING  
 MON     TUES     WED     THURS     FRI     SAT     SUN

ARE YOU LEGALLY AUTHORIZED TO WORK IN ALBERTA/CANADA? (SUCCESSFUL APPLICANTS WILL BE REQUIRED TO PROVE IDENTITY AND ELIGIBILITY FOR EMPLOYMENT.)

YES     NO

**RELATIVES/FRIENDS:** Qualified relatives/friends are eligible for employment except in unusual situations where we need to avoid conflicts of interest. Do you have any friends or relatives who currently work for us?

Yes     No    If yes, state name(s): \_\_\_\_\_

**QUALIFICATIONS:** Please list any education, training and/or specialized experience (such as schools; colleges; degrees; licenses; vocational, technical or military experience; hobbies, etc.) you feel would help you perform the work for which you are applying:

NAME AND LOCATION OF SCHOOL	FIELD OF STUDY	YEARS COMPLETED	DEGREES/DIPLOMA
HIGH SCHOOL			
COLLEGE			
POST GRAD			
BUSINESS OR TRADE			

**CRIMINAL RECORD:** Have you ever been convicted, pled guilty or charged with any offence under the *Criminal Code of Canada* or *Narcotics Control Act* for which you have not received a Pardon?

Yes     No    If yes, give details: \_\_\_\_\_

**DRIVING POSITIONS:** (Answer only if the position applied for entails driving.) Have you ever been charged or convicted of any Provincial Highway Traffic Offence within the last three (3) years?

Yes     No    If yes, give details: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: Name	Address	Telephone Number
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**EMPLOYMENT EXPERIENCE** Please account for all periods of employment, by month/year, including any self-employment. (Attach sheet if more space is needed.)

PRESENT OR LAST EMPLOYER	PHONE	HIRE DATE	DATE LEFT	STARTING PAY	FINAL PAY
ADDRESS	SUPERVISOR	JOB TITLE/JOB DUTIES		REASON FOR LEAVING	
PREVIOUS EMPLOYER	PHONE	HIRE DATE	DATE LEFT	STARTING PAY	FINAL PAY
ADDRESS	SUPERVISOR	JOB TITLE/JOB DUTIES		REASON FOR LEAVING	
PREVIOUS EMPLOYER	PHONE	HIRE DATE	DATE LEFT	STARTING PAY	FINAL PAY
ADDRESS	SUPERVISOR	JOB TITLE/JOB DUTIES		REASON FOR LEAVING	
PREVIOUS EMPLOYER	PHONE	HIRE DATE	DATE LEFT	STARTING PAY	FINAL PAY
ADDRESS	SUPERVISOR	JOB TITLE/JOB DUTIES		REASON FOR LEAVING	

**VERIFICATION AND SIGNATURE:**

1. I authorize the investigation of all matters which the Company deems relevant to my qualifications for employment, including all information given in this application and in any attachments or supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any persons (such as current or former supervisors or coworker, etc.), employers or entities (schools, etc.) supplying it. I also release you from all liability which might result from making the investigation.

2. I certify that all of the information given in this application and in any attachments or supporting documents or interviews are or will be true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, generally will result in denial of employment or immediate termination, regardless of when and how discovered.

3. I understand that I may be required to submit to pre- or post-employment physicals or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. **IMPORTANT:** This means that with very few exceptions an employee will be required to submit to testing in several different circumstances. Ask to see copies of our employee alcohol and drug policy if you have any questions. I agree to such examinations, inquiries and/or testing at the Company's expense. I authorize release of the results to the Company and their use to evaluate my suitability for employment. I also release the Company from all liability arising out of or connected with any examinations, inquiries and/or testing.

4. I understand that an officer of Lamb Weston is the only person who will ever have authority to agree to any other terms and/or to enter into such agreements or contracts and that all such agreements or contracts must be in writing and signed by both parties. I also understand that unless otherwise stated in a written employment contract, the Company may change, withdraw and interpret other policies (including wages, hours and working conditions) as it deems appropriate.

5. I hereby confirm that it is a condition of employment with Lamb Weston (a Division of ConAgra, LTD.) that I enroll in the Company Health and Benefit Plan as well as the Company Group RRSP Plan and if hired, I hereby agree to so enroll. In addition, I hereby authorize the Company to deduct any required amounts from my pay further to such Benefit Plans.

6. This application for employment will only be considered active for forty-five (45) days.

7. I understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have also reviewed all the information provided in this application and in any attachments or supporting documents.

Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Unsigned applications will not be processed.**