

**NEWCAP BROADCASTING (Newcap)
APPLICATION FOR EMPLOYMENT**

A. PERSONAL DATA

- 1. Last Name _____ First Name _____ Initial _____
Address _____ Postal Code _____
Telephone _____

- 2. Position applied for _____ Full time _____ Part time _____

- 3. Are you over 16 years of age? Yes _____ No _____

- 4. Are you legally entitled to work in Canada? Yes _____ No _____

- 5. Do you have a valid driver's license? (required for certain positions) Yes _____ No _____
Class of license held _____

- 6. Languages you speak: English _____ French _____ Other _____
Languages you write: English _____ French _____ Other _____

B. EDUCATION AND TRAINING

- 1. High School – highest grade or equivalent completed _____

- 2. University – degree obtained _____

- 3. Business, technical or community college – diploma or certificate obtained _____

- 4. Other (please provide details) _____

C. EMPLOYMENT HISTORY – PLEASE START WITH THE MOST RECENT

1. Employer	Location	Job Title	Length of Employment	Start Date	Finish Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. Outline the main duties you performed in your previous jobs: _____

3. May we contact a previous employer for references? Yes _____ No _____
If yes, please provide names, job title and phone numbers.

D. If you wish to provide further information that would assist us in evaluating your application for Employment, please feel free to do so in an accompanying letter or personal resume.

E. I declare that the facts set forth in this application for employment are true and complete. I understand that if I am employed, false statements on this application shall be sufficient cause for dismissal.

Date _____

Signature of Applicant _____

Confidential Employment Equity Workforce Survey

- Newcap must comply with the provisions of the Employment Equity Act and the Canadian Human Rights Act. The purpose of the legislation, as it relates to employment equity, is to achieve and maintain equality in the workplace so that no person is denied employment opportunities or benefits that are not related to ability.
- The Employment Equity Act specifically targets four designated groups that historically have experienced barriers in employment, namely aboriginal peoples, persons with disabilities, visible minorities and women.
- While it is not mandatory to complete this survey, we encourage you to do so in order to assist us in meeting our employment equity objectives. If applicable, you may identify yourself in more than one of the four designated groups.
- The information you supply will remain **confidential** and will only be used by or be disclosed to other persons within Newcap in order to carry out our obligations under the Employment Equity Act.
- The questionnaire can be made available to you in alternate formats: 1. Large Print, 2. Audiocassette or 3. Diskette

For the purpose of employment equity, **“aboriginal peoples”** means persons who are Native American Indian, Inuit, or Métis.

1. Based on this definition, are you an aboriginal person? Yes _____ No _____

For the purpose of employment equity, **“members of visible minorities”** means persons, other than aboriginal peoples, who are non-Caucasian in race or non-white in color.

2. Based on this definition, are you a member of a visible minority? Yes _____ No _____

For the purpose of employment equity, **“persons with disabilities”** means persons who have long-term or recurring physical, mental, sensory, psychiatric or learning impairment and who:

- a) consider themselves to be disadvantaged in employment by reason of that impairment, or
- b) believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment, and includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.

3. Based on this definition, are you a person with a disability? Yes _____ No _____

If you have identified yourself as a person with a disability, do you require any special accommodations for the interviewing process? **Yes _____ No _____**

If yes, would you like to have a manager contact you? Yes _____ No _____

4. _____ I do not wish to complete this questionnaire.

Last Name _____ First Name _____ Male _____ Female _____

Date _____