



Agricultural Employment Application Form

Office: 403-382-3669 ❖ After Hours Emergency: 403-382-9312

Agriculture Manager: 403-634-6013

info@selectrecruiting.ca

#236, 200 – 4 Ave South
Lethbridge, AB T1J 4C9

Legal Name:		Application Date:	
Phone Number:	Are you 15 or older? <input type="checkbox"/> No <input type="checkbox"/> Yes	Email Address:	
Mailing Address:	City:	Province:	Postal Code:
How did you hear about this position? (<i>Indeed, School, Friend, Road Sign, etc.</i>)	Emergency Contact Name:	Emergency Contact Phone Number:	
Pickup Location Preference (<i>nearby town</i>):	Crew Preference (anyone you want on your crew assignment):		

Do you suffer from Asthma? No Yes

Do you have any allergies? No Allergies Bee Allergy Pollen Allergy Other – please explain: _____

Current certificates: First Aid Other: _____ None

Projects run between **April 30 and November 30**, please indicate the days/times/shifts that you are available for:
 First Date Available: _____ Last Day Available: _____
 If you require time off or are unavailable for certain shifts, you must contact SELECT People Solutions (hereinafter referred to as "SELECT").

Do you have a legal right to work in Canada? No Yes

Have you worked for Select in previous years? No Yes

Have you ever had a workplace injury? No Yes

Have you had a WCB claim in the past 5 years? No Yes

Do you have any limitations/injuries that would prevent you from doing agricultural labour? No Yes

Language(s) spoken and understood: English Other: _____

Do you have a valid driver's license? No Yes – Class of license: _____

Do you have a criminal record? No Yes (Note: Some jobs require Select to run an official criminal record check)
 If yes, reason(s): _____
 Date(s) of Conviction(s): _____ **Applicant Initials:** _____

FEE PROHIBITION: Section 12 of the Employment Agency Business Licensing Regulation prohibits an employment agency business operator from directly or indirectly demanding or collecting a fee, reward or other compensation

(a) From an individual who is seeking employment or from another person on that individual's behalf,
 (b) From an individual who is seeking information respecting employers seeking employees or from another person on that individual's behalf,
 (c) From an individual for securing or attempting to secure employment for the individual or providing the individual with information respecting any employer seeking employees or from another person on that individual's behalf, or
 (d) From an individual for evaluating or testing the individual or arranging for the individual to be evaluated or tested, for skills or knowledge required for employment, where the individual or employment is in Alberta, or from another person on that individual's behalf.

Applicant Initials: _____

WCB Policy: IMMEDIATELY CONTACT SELECT (403-795-0561)

If injured while on assignment, I acknowledge that I must:

- Report all injuries directly to my SELECT Consultant immediately (1 hour max).
- Contact SELECT prior to setting up any medical appointment.
- Return the WCB form, signed by my doctor, to SELECT.
- Complete an incident report in the SELECT office.
- Keep SELECT informed on my progress.
- Agree to cooperate and fully participate in SELECT'S disabilities management and modified duty programs. **Applicant Initials:** _____

Workplace Expectations

- Zero Tolerance Policy:** NO SHOWS, DRUG OR ALCOHOL CONSUMPTION OR INTOXICATION, WEAPONS, HARASSMENT, OR UNPROFESSIONAL BEHAVIOR may result in immediate termination of your assignment and from SELECT.
- Telephone & Internet Use:** SELECT's policy is that cell phones are turned off during assignments and phone use is kept to breaks unless approved by the site supervisor. Personal phone calls, texting and inappropriate use of email/internet/cell phone may result in early termination of your assignment. 100% ZERO TOLERANCE FOR USING A CELL PHONE WHILE OPERATING A MOTOR VEHICLE OR EQUIPMENT.
- Rate of Pay:** We ask that you keep your pay rate confidential.

4. **Temporary Leave:** If doctor appointments, interviews, etc. come up, call and let your SELECT Ag Consultant know as soon as possible so we can make arrangements with the Client and/or replace you for the duration you will be off.
5. **SAFETY STARTS WITH YOU:** If an employer asks you to do something you do not deem safe, contact SELECT immediately and you will be fully supported. You are 100% responsible for your own safety – DO NOT do anything that puts you at risk of injury.
6. **WCB Policy - IMMEDIATELY CONTACT SELECT (403-795-0561):** If injured, report to SELECT IMMEDIATELY (within 1 hour and prior to visiting a doctor) even if it seems minor. SELECT will arrange appointments and advise of any follow up or documentation required. SELECT has a disability management program; if you experience a workplace injury, you agree to fully participate in Return to Work and Modified Duty programs.

Applicant Initials:

MEDICATION AND LIABILITY

I have read, signed, and understood the Request and Authorization for Medication (B) and the Release from Liability (C)

Applicant Initials:

Becoming an Employee of SELECT People Solutions

Once you accept a temporary assignment, you become an employee of SELECT. If you are unsure of our policies and procedures or of shift or schedule changes, please do not hesitate to call your SELECT Ag Consultant.

1. **Employee Supervision:** You are a SELECT employee. All concerns should first be directed to your SELECT Ag Consultant. For job assignment supervision or direction, the site supervisor will be your first point of contact. On your resume, SELECT should be listed as your employer and as your reference, not the company you worked at.
2. **No Guarantee:** Work with SELECT is based on work availability and job performance. Work with SELECT is not guaranteed and may change as workload, weather, and seasons change.
3. **Responsibility Once Committed to an Assignment:** You are expected to be there for the duration of assignment.
 - If you are going to be late or need time off during the assignment, let your SELECT Ag Consultant know as soon as possible.
 - If you are sick or cannot make it to work for any reason, let your SELECT Ag Consultant know as soon as possible. SELECT requires notice at least 1 hour before the agreed upon start time. This allows SELECT to find a replacement.
 - Contact the office from 8 a.m. - 4:30 p.m., Monday to Friday; otherwise, contact SELECT’s After-Hours number, 403-795-0561.
 - NO SHOWS without notification may be TERMINATED.
4. **Assignment Feedback:** Once you begin your assignment a Consultant from SELECT will check your progress with the Client. This feedback impacts your chance for future assignments or permanent placement by SELECT. We like to hear from our candidates too. Call your Consultant if you have any concerns or comments about your assignment.

Applicant Initials:

Timecards and Pay if Applicable

1. You are responsible for ensuring your own hours are recorded correctly on the timesheet.
 - Your initial at the end of each day on the timesheet, after the lead hand has completed entering your time, is required. Failure to initial your time can result in no pay.
 - SELECT pays weekly and does not approve advances.
 - If you are paid through direct deposit, make sure your contact and banking information is current. If we do not have your current banking info, your pay will be processed the following week.
 - SELECT does not issue cheques, so make sure your contact and banking information is current. If we do not have your current banking info, your pay will be processed the following week.
2. Paystubs can be accessed through our website: www.selectrecruiting.ca. (Employee Payroll Login) and will be attached to cheques.
3. **TD1** - Unless you advise SELECT of any tax exemptions, basic tax will be deducted.
4. Statutory Holidays & Overtime Policies:
 - Minimum standards according to Alberta Labour Standards apply unless otherwise advised
 - Alberta Labour Standards can be found at: <http://work.alberta.ca/employment-standards.html>

Applicant Initials:

Mandatory Supplies:

During the Season all workers must bring the following safety supplies with them every day to the fields:

- Neutral colored clothing - nothing bright (yellow, orange, red, etc.) or floral print, as it attracts bees and bugs.
- Short or long sleeved shirts. No tank tops. Pants or long skirt for full leg protection. No shorts.
- Rain coat or summer jacket, rain pants, and a change of dry clothes is recommended for the extra wet fields.
- Running shoes and rubber boots. No sandals.
- Sunscreen, hat, and mosquito repellent.
- 2 L of water (take a water bottle that can be carried in the field at all times plus extra water to refill it).
- Lunch and snacks for the day.
- Gloves and safety equipment will be supplied if required.

Applicant Initials:

Confidentiality Agreement

I acknowledge the right of SELECT to maintain confidentiality of their CLIENTS from their competitors and from the general public. Thus, in future I will keep all information in regards to SELECT, SELECT’s clients, their business practices and wages confidential. The undersigned also agrees to indemnify SELECT and hold it harmless from any damages or costs incurred as a result of any breach of this agreement.

Applicant Initials:

SELECT Agreement

I understand and agree that any assignment on which I am placed may be terminated with or without notice at any time, and for any reason, and I shall have no recourse in law or equity against SELECT for the termination of any such assignment. I grant permission to submit my resume to

SELECT Clients for any job competitions on my behalf with verbal approval from me; contacting SELECT if I wish to deactivate my account is my responsibility. Also, I consent to receiving shared emails regarding job opportunities and other candidate related information.

Applicant Initials: _____

Over 18 Years Old: Complete This Section

REQUEST AND AUTHORIZATION FOR MEDICATION (B)

I, _____, request and authorize that the medication epinephrine (Epi-pen) be administered to be by the _____ (Applicant) certified lead person in the event that I appear to have a severe allergic reaction. I take full responsibility to discuss this medication with a physician to review the implications of me taking or not taking this medication during an allergic reaction.

RELEASE FROM LIABILITY (C)

Further, I, for myself and my heirs, survivors, agents, children, immediate family and personal representatives, hereby fully release and forever discharge SELECT, its directors, officers, employees, agents, representatives, attorneys, and successors and assign, from any and all demands, claims, obligations, actions, liabilities, or damages of every kind or nature whatsoever, in law or in equity, whether known or unknown, suspected or unsuspected, now or hereafter arising, which relate in any way to the administration, or lack of administration, or effects of the epinephrine (Epi-pen).

I also understand that due to the risk of various illnesses being transmitted by mosquitoes and other insects that it will be mandatory for me to wear insect repellent during this assignment and I release SELECT from all liability.

(Signature of Applicant)

(Date)

Under 18 Years Old: Parent or Guardian to Complete This Section

REQUEST AND AUTHORIZATION FOR MEDICATION (B)

I, _____, acknowledge that _____ will be working in proximity to insects and other potential allergens that may cause a severe allergic reaction. In the event of a severe allergic reaction, I authorize the administration of Epi-Pen medication by a trained staff member. I take full responsibility to discuss this medication with a physician to review the implications of taking or not taking this medication.

RELEASE FROM LIABILITY (C)

I am under age 18, and both my parent or guardian and I, by signing below, also consent to my release and agree that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent/guardian and I release and forever discharge SELECT, its directors, officers, employees, agents, representatives, attorneys, and successors and assigns, from any and all demands, claims, obligations, actions, liabilities, or damages of every kind or nature whatsoever, in law or in equity, whether known or unknown, suspected or unsuspected, now or hereafter arising, which relate in any way to the administration, or lack of administration, or effects of the epinephrine (Epi-pen). My parent or guardian also promises, by signing below to defend, indemnify and hold SELECT, its directors, officers, employees, agents, representatives, attorneys and successors and assigns harmless from any claim asserted by me against SELECT, if I should repudiate this release after obtaining adulthood.

I also understand that due to the risk of various illnesses being transmitted by mosquitoes and other insects that it will be mandatory for me to wear insect repellent during this assignment and I release SELECT from all liability.

PARENT/GUARDIAN COMMUNICATION RELEASE (D)

In regards to employment information, I _____, give _____, my parent and/or guardian, permission to speak to SELECT representatives on my behalf.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

Review

I certify that the statements I have made are true and correct and without material omission. I understand that making false statements or omitting pertinent facts is sufficient cause for rejection or dismissal from employment.

Signature of Applicant

Date

Signature of Consultant



Date Entered _____

Recruiter Initials _____

eConnect sent

Payroll Information Form

Name:	Birthdate:	Social Insurance Number:
Address:		
Email Address:		
I am a: <input type="checkbox"/> New Associate <input type="checkbox"/> Returning Associate		

Cell Phone Information

Cell Phone Number:	Carrier (so we can send job alerts & info via text):			
	<input type="checkbox"/> Koodo	<input type="checkbox"/> Bell Mobility	<input type="checkbox"/> Fido	<input type="checkbox"/> Virgin
	<input type="checkbox"/> Telus	<input type="checkbox"/> Roger's Wireless	<input type="checkbox"/> AT&T	<input type="checkbox"/> Other:

Emergency Contact Information

Emergency Contact Name:	Relationship:	
Work Phone:	Home Phone:	Cell Phone:
Email Address:		

Release of Information (if under 18)

I give SELECT People Solutions permission to release any paperwork associated with my employment, including paycheques, paystubs, ROE's and T-4's to my parent/legal guardian.

Signature

Direct Deposit Authorization

My paycheck will be deposited into:

A bank account in **MY NAME***:

I, _____, give SELECT People Solutions permission to automatically deposit my earnings into my account.

A bank account in the **NAME OF SOMEONE ELSE***:

I, _____, give SELECT People Solutions permission to automatically deposit my earnings into the bank account belonging to _____.

For you to elect this option, the below must be signed by the bank account holder:

I, _____, give SELECT People Solutions permission to automatically deposit the earnings of the above named party into my account.

_____ *Signature of Account Holder* _____ *Date*

***You must attach a void check or letter from the bank confirming direct deposit information.**

Signature of Employee

Date