



Aseneskak Casino Limited Partnership Employment Application Form

Type of position applied for:

1. _____
2. _____
3. _____

Personal Information:

Last Name: _____

First Name: _____ Middle Name(s): _____

Street/ Mailing Address: _____

City/ Town: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Do you have a valid Driver's License? NO YES

Driver's License Number: _____ Class: _____

Are you 18 years of age or over? NO YES Social Insurance Number (optional): _____

Are you entitled to work in Canada by reason of Canadian citizenship, landed immigrant status or work permit? NO YES

Have you ever been employed by Manitoba Lotteries Corporation? NO YES

If yes, state period of employment: From: _____ To: _____ Position: _____

Education:

Highest Grade Completed: _____ Location: _____

Diplomas/Certificates/Licenses/Designations: Trade or Technical: _____

Diploma or Certificate: _____ Professional Designation: _____

Others (Please Specify): _____

Institution:	Major:	Degree/Diploma:	Period of Attendance:	
			Start: Month/ Year	End: Month/Year:

Are you currently attending a educational facility? NO YES If yes, Name the facility? _____

Employment History: *Please list present or most recent position first.*

Present/ Last Employer Name and Address:		
Period of Employment	FROM:	TO:
Occupation/ Title:		
Immediate Supervisor's Name:	Title:	Phone: ()
May be approached for reference: NO <input type="checkbox"/> YES <input type="checkbox"/>	Reason for Leaving:	
Describe duties/ responsibilities and achievements: (below)		
Present/ Last Employer Name and Address:		
Period of Employment	FROM:	TO:
Occupation/ Title:		
Immediate Supervisor's Name:	Title:	Phone: ()
May be approached for reference: NO <input type="checkbox"/> YES <input type="checkbox"/>	Reason for Leaving:	
Describe duties/ responsibilities and achievements: (below)		
Present/ Last Employer Name and Address:		
Period of Employment	FROM:	TO:
Occupation/ Title:		
Immediate Supervisor's Name:	Title:	Phone: ()
May be approached for reference: NO <input type="checkbox"/> YES <input type="checkbox"/>	Reason for Leaving:	
Describe duties/ responsibilities and achievements: (below)		

Work Related References:

1.

Name: _____

Position/ Title: _____

Company: _____

Phone Number: _____

2.

Name: _____

Position/ Title: _____

Company: _____

Phone Number: _____

3.

Name: _____

Position/ Title: _____

Company: _____

Phone Number: _____

Languages: *(Please specify language information as requested)*

English: Speak Read Write

French: Speak Read Write

Other:

(Please list) _____ Speak Read Write