



Agricultural Employment Application Form

#300, 704 – 4 Ave South
Lethbridge, AB T1J 0N8

Office: 403-382-3669
info@selectrecruiting.ca

Agricultural projects are a great way to get outside, work with a great team and contribute to the food supply chain here in Southern Alberta. "Roguing" is the act of walking through fields (typically canola, but also spinach, potatoes, corn, etc.) and pick plants that don't belong in that field. It's critical for producers to present "clean" crops in order to pass inspection which is where we come in. If you join our team, you can expect to spend your days outside, early mornings, lots of walking, all types of weather, shifts from Monday to Saturday and a summer job that still allows you opportunity to take a break after the season is over. Come join our Ag Team!

Applicant Information

Legal Name:		Application Date (MM/DD/YYYY):	
Phone Number:	Email:	Are you: <input type="checkbox"/> 18 years or older <input type="checkbox"/> 15, 16 or 17 years old <input type="checkbox"/> 14 years or younger	
Mailing Address:	City:	Province:	Postal Code:
Emergency Contact Name:		Emergency Contact Phone Number:	

Employment Information

Do you have a legal right to work in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for Select Ag Services previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years? _____
What role are you applying for?	<input type="checkbox"/> Roguer <input type="checkbox"/> Junior Lead Hand <input type="checkbox"/> Lead Hand <input type="checkbox"/> Driver/Roguer <input type="checkbox"/> Area Lead Hand <input type="checkbox"/> Any available position
Language(s) Spoke and understood:	<input type="checkbox"/> English <input type="checkbox"/> Other: _____
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, class #: <input type="checkbox"/> 5 GDL <input type="checkbox"/> 5 Non-GDL <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Do you have a criminal record?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes" reason(s):
	Date(s) of conviction:
Current Certificates:	<input type="checkbox"/> First Aid Training with a current certificate <input type="checkbox"/> Class 5 Non-GDL Drivers License <input type="checkbox"/> Trailer Training Certificate <input type="checkbox"/> Another related certificate (explain):
Have you ever had a workplace injury?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, nature of injury: _____
Have you had a WCB claim in the past 5 years?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Health Questions & Limitations

This job includes walking significant long distances on uneven and sometimes wet or muddy ground, bending, gripping, and pulling. It also involves exposure to insects, bees, and weather.

Have you ever had any problems with:

Hip, knee, ankle, foot:	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:
Shoulder, collar bone, elbow, wrist	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:
Back, neck	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:



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

Agriculture Manager: 403-634-6013

info@selectrecruiting.ca

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Lethbridge, AB T1J 0N8

ACKNOWLEDGEMENT AND RELEASE

REQUEST AND AUTHORIZATION FOR MEDICATION (B)

I, _____, acknowledge that _____ will be working in proximity
(Guardian if under 18 or the Applicant if 18+) (Applicant)

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)

Further, I (and my parent or guardian, if I am under 18 years old), 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). If under 18, 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.

I, along with my parent or guardian (if under 18 years old), understand that at the end of every workday, Select will drop off the worker at the designated drop off site. I understand it is my responsibility, or the responsibility of the parent / guardian if under 18 years old, to ensure adequate transportation home. Please note that drop off times can vary in the season due to changing weather or needs. SELECT will not take responsibility to get workers home and I release SELECT from all liability.

MEDIA AND MODEL RELEASE

I, the undersigned, hereby give permission to Select People Solutions to use my material (photograph, video, name, or quotation) without any further compensation to me. I understand this material may be used for marketing and/or training about programs and services and may be distributed through a variety of means. All communications where this material will appear shall constitute the property of the Select People Solutions, solely and completely. I understand that the material may be used by or licensed to other public bodies and private companies for use in materials in promoting Select People Solutions. I waive all moral rights, claims, and objections arising from the use of this material, worldwide and in perpetuity, in favour of the Select People Solutions, its agents, employees and contractors. **If you do not give permission, inform Select.**

IF UNDER 18 YEARS OLD: PARENT/GUARDIAN COMMUNICATION RELEASE (D)

I _____, give _____ permission to obtain employment information on my behalf.
(Applicant) (Parent/Guardian)

Signature of Parent/Guardian

Date (MM/DD/YYYY)

APPLICANT RELEASE:

Signature of Applicant

Date (MM/DD/YYYY)



Date Entered _____

Recruiter Initials _____

eConnect sent

Payroll Information Form

Name:	Birthdate (MM/DD/YYYY):	Social Insurance Number:
Address:		
Email Address:		
I am a: <input type="checkbox"/> New Select Employee <input type="checkbox"/> Returning Select Employee		

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 of Applicant

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 Applicant

Date