



LMG EMPLOYEE DATA BANK

PERSONAL INFORMATION			
NAME	DOB	BAND NUMBER	S.I.N.
ADDRESS	CITY	PROVINCE	POSTAL CODE
RESUME ATTACHED YES NO	EMAIL ADDRESS		PHONE NUMBER
POSITION			
OCCUPATION	AVAILABLE START DATE	CURRENTLY: SOCIAL ASSISTANCE EMPLOYMENT INS.	
EMPLOYMENT DESIRED			
FULL TIME	PART TIME	SEASONAL	
SIGNATURE DISCLAIMER			
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.			
Name (print)		Signature (initials will be considered as an e-signature)	
Date			

Instructions:

1. Download and fill out form.
2. If you need to include additional information such as: education and training, work experience please attach a resume to this form. Include copies of your certifications.
3. Send the above documents by:
 - a. Email - LMGHR@listuguj.ca
 - b. Mail - LMG Human Resources
Employee Data Bank
17 Riverside West, Listuguj
Quebec, G0C 2R0