Acres of Terror Employment Application - 2024

Please complete and drop off this application at the orchard by **Sunday September 1st, 2024**.

Name						
First		Last				
Contact						
Home Phone	me Phone Cell Phone					
Email Address						
Best number to reach ye	ou					
Address						
Street						
City/Town	Province	Postal Code				
Social Insurance Num	ber					
Are you legally able to	work in Canada? Yes No					
Do you have a Crimin	al Record? Yes No					
l will be at least 14 yea	rs of age by September 1, 202	24 . Yes No				
Transportation – Do yo	ou have reliable transportation	on to and from the Orchard? Yes No				
Note: Cannamore Orchai	rd is NOT on a bus route. Uber n	may drop off but pickup is likely unavailable.				

I am available to be called in on short notice to fill in as needed. Yes No

I understand the rate of pay is \$17/hour and all pay will be given by cheque approximately 2nd week of November. Yes No

Do you have a pre-existing condition that will prevent you from performing certain tasks? \Box Yes \Box No

Please list any certifications you have

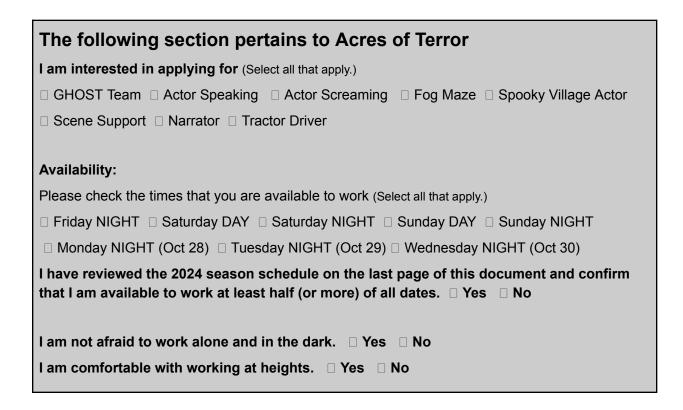
Have you worked at Cannamore Orchard before?
Ves
No

If yes, what role did you perform?

Wagon Narrator	Tractor Driver	□ Actor: Speaking Role	□ Actor: Non-Speaking Role

□ Scene Support □ GHOST Team □ Store/Admissions □ Makeup □ Canteen/Chip Truck

I have completed the Worker Health and SafetyAwareness in four steps, online course, found at: <u>https://www.labour.gov.on.ca/english/hs/elearn/worker/foursteps.php</u> and have printed a copy of my certificate of completion to provide to Cannamore Orchard to keep (to be brought to interview/audition) Yes No



I am available for mandatory auditions on either (You will be notified later regarding exact times. Select all that apply):

□ September 7 □ September 8

Languages Spoken

Please list any additional details regarding your availability that we should know about.

If a current or past Cannamore Orchard employee referred you, please name them here:

How did you hear about us?

Are other members of your household applying? Are there other people you're traveling with? Please list them here so we can group you together.

By signing your full name below, you agree that all information above is accurate.

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
E DAY SE	SSION	1	2	3	4 C	5 SPECIAL
6	7	8	9	10	¹¹ C	¹² C
13	14	15	16	17	¹⁸ C	19
20 	21	22	23	24	²⁵	26
27	28	²⁹	30	31 CLOSED		