## FORM C: EMPLOYER'S RETURN UPON APPLICATION FOR CERTIFICATION

(To be filed not later than two days after the day of service.)

## THE LABOUR RELATIONS ACT THE MANITOBA LABOUR BOARD

EMPLOYER: _	DATE MAILED TO BOARD:
ADDRESS:	
If employees ar	re employed by employer other than that listed in application for certification, specify below:
EMPLOYER: _	
ADDRESS:	
NAME OF APP	LICANT
	Figures entered in this return should include only the employees in the unit specified in the ation for certification.
1.	The Employer is to file a list of employees in his employ on the date when the application was filed, namely
	Any regular employees not on the list to be reported with explanation for reasons for omission
2.	Number of employees in your employment on the date of application:
	(List to be attached)
3.	Number of employees since engaged:
4.	Number of employees at date of filing this return:
5.	Number of employees listed for whom exception is claimed:

6.	If the Employer has been dealing with a union or organization in connection with any of the employees listed in item 4, give particulars including names and address of the officers
	where known; and what groups are covered:
	COPY OF CURRENT (OR LATEST) AGREEMENT WITH SUCH ORGANIZATION TO BE FILED.
7.	If any of the affected employees belong to a craft by reason of which they are distinguishable from the affected employees as a whole, and are separately organized into a trade union pertaining to that craft, or believed to be so organized; or with whom the employer has been accustomed to deal as a separate "craft" group, show number of such employees.
	Brief statements as to the craft, and names of its representatives with whom the employer ordinarily negotiates or deals:
	Signature of Official Making Return.
	LISTS AS REQUESTED, NOS. 1 and 5, MUST BE ATTACHED.  Form A to be filed
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M.R. 18/97	