

EMPLOYMENT APPLICATION FORM



Name in Full (PLEASE PRINT):	Social Insurance Number:
Position Applying For: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date:
Permanent Address:	Telephone Number:
Mailing Address (if different from above):	Email Address:

Are you legally entitled to work in this Canada? Yes No Are you of legal working age? Yes No

Do you have your Alcohol Service Certification Number? Yes No Do you have transportation? Yes No

Name and Location of School:	Dates:	Major:	Certificates/Diplomas:
High School:			
Vocational:			
College/University:			
Special Qualifications:			

Outside Interests:

Names of Friends and Relatives working with us:

Who referred you to us?	Date available to start:
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How many shifts a week do you wish to work?
 Are there any days or shifts you cannot work? YES

Are you able to work more? YES NO
 If yes, which ones?

Why are you seeking employment with us?

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Have you previously been employed by us? YES

If yes, when?

EMPLOYMENT HISTORY

Company Name:	Supervisor's Name:	Phone Number:
Description of Duties:	From Mo/Yr	To Mo/Yr
	Starting \$:	Ending \$:
Company Name:	Supervisor's Name:	Phone Number:
Description of Duties:	From Mo/Yr	To Mo/Yr
	Starting \$:	Ending \$:

Please supply us with two references other than family.

Name:	Relationship:	Address and Phone Number:

Describe **two** great service experiences that blew you away:

1

2

I certify that the information presented on this Employment Application is true and I understand that any misrepresentation or material omission will be grounds for dismissal. I consent to this company making its usual inquiries about my work experience and personal information.

Date:	Signature:
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1st Interview by:	Date:	2nd Interview by:	Date:
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