

APPLICATION FORM

NAME	E:		PHONE NO.							
ADDRESS:			FIRST		MIDDLE					
POSI	TION APPI	LIED FOR:	STREET ADDRESS:		CITY OR TOWN		PROVINCE FULL-TIM	3232-47000000	POSTAL CODE PART-TIME	
PREFERRED SHIFT:			DAYS (7 a.m3 p.m.)	EVENII	NGS (3 p.m11 p	.m.)	MIDNIGH	MIDNIGHTS (11 p.m7 a.m.)		
IF HIF	RED, ON W	VHAT DAT	E WILL YOU BE ABLE TO STAF	RT WORK?						
IF HIF	RED, DO Y	OU HAVE	RELIABLE MEANS OF TRANSF	PORTATION TO C	GET TO WORK?					
EDUC	ATIONAL	BACKGRO	DUND							
YEAR	S COMPL	ETED:	HIGH SCHOOL	9 10 11 12 13	COLLEGE/L	JNIVERSI	ГҮ 1	2 3 4		
вон і	Do you hav	e your "FC	OOD SAFE" Certificate? FOH Do	you have your "P	RO-SERVE" Cerl	tificate?	YES	NO 🔲		
PRIO	R WORK H	HISTORY	(List in order, last or pres	ent employer first)						
	DA	DATES			SIIDI			ERVISOR'S		
	FROM	то	NAME AND ADDRESS OF E	MPLOYER	POSITION	RATE OF I			ON FOR LEAVING	
1					-					
2										
						-				
3					-					
May w	ve contact	the employ	vers listed above?	If not indi	cate below the or	ne(s) you d	do not wish us to	o contact.		
PERS	ONAL REF	FERENCES	S (Excluding former emp	oloyers or relatives	5)					
	NAME		ME AND OCCUPATION	ADDRESS				PHONE NUMBER		
1				1						
2				1						
3					***************************************					
Thank	-you for co	mpleting th	nis application form and for your	I interest in employ	ment with us. We	e would like	e to assure you	that your opports	unity for	
emplo	yment with	this comp	any will be based only on your m	erit and on no oth	er consideration.	o would me	o to accure you	triat your opportu	inty ioi	
				PLEASE READ C T'S CERTIFICATI		MENT				
I herel	by certify the	nat the fact	s set forth in the above employments on this application shall be	ent application are	e true and comple	ete to the b	est of my know	ledge. I understa	ind that	
	ture of App			Considered Suffici	ent cause for dist	Date				
INTER	RVIEWER	COMMENT	TS: (office use only)							
				_				Rate:		
						50 assetted 300 to		Full Time Part Time		
								Training Period	d	
								Date Hired		