

Application Date

Position Applied For

Date Available

APPLICATION FOR EMPLOYMENT (Please Print)

Last Name

First

Middle

Social Insurance Number

Address Street

City

Province

Phone

Hospitalization Number

HOURS AVAILABLE

Please indicate days and time you are available to work.

	7am	8	9	10	11	12p	1	2	3	4	5	6	7	8	9	10	11	12+
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Sunday																		
Statutory Holidays																		

PREVIOUS EMPLOYMENT (list last employer first)

May we contact your present employer?

Yes

No

May we contact your prior employers?

Yes

No

Employer's Name Complete Address & Phone

Position Held

Reason for Leaving

Name & Title of Supervisor

Rate of Pay
Start Finish

Date Employed
To From

Employer's Name Complete Address & Phone

Position Held

Reason for Leaving

Name & Title of Supervisor

Rate of Pay
Start Finish

Date Employed
To From

Employer's Name Complete Address & Phone

Position Held

Reason for Leaving

Name & Title of Supervisor

Rate of Pay
Start Finish

Date Employed
To From

REFERENCES (other than relatives, past employees, priests, pastors or ministers)

Name

Address

Phone

Occupation

Years Known

Address

Phone

Occupation

Years Known

Name	Address	Phone	Occupation	Years Known
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EDUCATION (Last Position First)

High School	From	To	Last Grade Completed
			Course of Study (Degree)

College/University	From	To	Last Grade Completed
			Course of Study (Degree)

Other Special Training	From	To	Last Grade Completed
			Course of Study (Degree)

LANGUAGES Read Write Speak

English			
French			
Other			

What other special skills do you bring to this job?

Are you legally eligible to work in a job where you handle liquor?

Why are you interested in this type of work?
