



EMPLOYMENT APPLICATION

Last Name:		First:		SIN #	
Address:				DOB: D M Y	
Postal Code:				Phone #	
E-mail address:				Cell #:	
Languages Spoken:					
Languages Understood:					
Position Applying:			Pay Rate Desired:		
Preferred Department:			Available Sundays: YES		NO
Available Start Date:			Part-time or Full-time?		
How long do you hope to work here?					
Is there any time you can't work?					
Grades Completed?			Trade School:		
Current Grade:			College/University:		
Most Recent Work Experience					
Name of Business:			Position:		
Supervisors Name:			Start Date:		
Address:			End Date:		
Telephone:			Why did you leave?		
Name of Business:			Position:		
Supervisors Name:			Start Date:		
Address:			End Date:		
Telephone:			Why did you leave?		
Name of Business:			Position:		
Supervisors Name:			Start Date:		
Address:			End Date:		
Telephone:			Why did you leave?		
Drivers License: YES NO		Can you lift 50lbs? YES NO			
Have you ever worked with a Cash Register?					
Why would you like to work here?					
Signature: _____ Date: _____					
Office Use only					
Position:			Start:		