

FRESH MARKET FOODS

EMPLOYMENT APPLICATION

This section to be completed at time of hire			
Position:		Start Date:	
SIN:		Date of Birth:	
Last Name:		First Name:	
Address:		Phone #	
Postal Code:		Cell #:	
E-mail address:			
Emergency Contact Name:		Phone #	
Education			
Highest Level Completed:			
Name of School:		Year Completed:	
Most Recent Work Experience			
Name of Business:		Start Date:	End Date:
Position:		Why did you leave?	
Supervisors Name:		Skills Learned:	
Telephone:			
Can we contact Supervisor for Reference?		YES	NO
Name of Business:		Start Date:	End Date:
Position:		Why did you leave?	
Supervisors Name:		Skills Learned:	
Telephone:			
Can we contact Supervisor for Reference?		YES	NO
Name of Business:		Start Date:	End Date:
Position:		Why did you leave?	
Supervisors Name:		Skills Learned:	
Telephone:			
Can we contact Supervisor for Reference?		YES	NO
What would you like to do?			
Position:		Pay Rate Desired:	
Preferred Department:		Part-time or Full-time?	
Available Start Date:		Available Weekends:	YES NO
Are there any days and/or times you are not available to work?			
How long do you hope to work here?			
Other Skills/Certifications			
Signature: _____ Date: _____			