

Corporate

Franchise

(For Office use only - Please check one box above)

DATE _____

APPLICANT INFORMATION			
Last Name		First Name	
Street Address			Apartment/Unit #
City		Prov.	Postal Code
Phone		Email	
Date Available			
Position Applied for			
Are you a Canadian citizen?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?

EDUCATION (YOU MAY INDICATE N/A UNDER ADDRESS OF SCHOOL IF YOU DO NOT HAVE IT)				
High School		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma
College/University		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

AVAILABILITY (PLEASE PROVIDE BELOW WHEN YOU ARE AVAILABLE TO WORK) YOU CAN INDICATE WITH YES OR NO UNDER DAY AND SHIFT			
	MORNING	AFTERNOON	EVENINGS
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			



PREVIOUS EMPLOYMENT (YOU MAY INDICATE THE YEAR FROM AND TO)		
Company		
Job Title		
Responsibilities		
From	To	Reason for Leaving
Company		
Job Title		
Responsibilities		
From	To	Reason for Leaving
Company		
Job Title		
Responsibilities		
From	To	Reason for Leaving

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date