



Employment Application Form

Applicant Information

Full Name:

Address:

City:

Province:

Postal Code:

Primary Number: ()

Cell Phone Number: ()

Are you legally eligible to work in Canada? Yes No

(Supporting documentation will be required prior to the commencement of employment)

Are you of legal age to work? Yes No

(14 years old with consent of a parent, 19 years old to serve alcohol)

Do you have your certificate to serve alcohol? Yes No

Have you ever worked for us before? Yes No If yes when: _____

Have you been convicted of a criminal offence which is connected to the position you are applying for and for which a pardon has not been granted? Yes No

If yes, please provide details regarding the nature of the infraction(s):

(a criminal conviction will not necessarily be a bar to employment)

TELL US WHAT YOU ARE LOOKING FOR:

Position Desired:

Full-time Part-time Casual Temporary / Seasonal

Please provide your weekday hours availability below: (your unavailability to work on any particular day will not necessarily be a bar to employment)

	All Days	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning								
Afternoon								
Evening								
Night								





TELL US ABOUT YOUR EDUCATION:

Type of School	Highest Grade/ Year Completed	Name of School and Course of Study or Major	Date Attended
High School or equivalent	9 10 11 12 13		
College or University	1 2 3 4		
Vocational/Trade School/Certificates Held			

TELL US ABOUT YOUR PAST JOBS: Please see attached resume

Position One	
Where did you work? (include name of company and phone number)	
Start Date:	End Date:
What was your position?	
What were your duties/responsibilities in this position?	
Why did you leave?	
May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name:
	Supervisor Contact Information:
Position Two	
Where did you work? (include name of company and phone number)	
Start Date:	End Date:
What was your position?	
What were your duties/responsibilities in this position?	
Why did you leave?	
May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor Name:
	Supervisor Contact Information:

REFERENCES:

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

Name	Telephone #	Relationship	# of Years Known

APPLICANT SIGNATURE:

Your authorization on this application form is your consent that as a condition of being considered for employment at Valhalla Inn references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.



Signature		Date Signed	
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