

ONTARIO FRESH & TASTY

EMPLOYMENT APPLICATION (Please print clearly)

Personal Information							
Last Name				First Name			
Address				Apt #		Postal Code	
City			Province			Country	
Home Phone #				Cell Phone #			
Email Address							
Date of Birth							
Are you legally entitled to work in Canada? (please select one) Yes <input type="checkbox"/> No <input type="checkbox"/>							
Placement Information							
Position Applied For							
Please select all you are interested in				Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>	
				Temporary <input type="checkbox"/>			
Please select all you are available				Full Time <input type="checkbox"/>		Evenings <input type="checkbox"/>	
				Weekends <input type="checkbox"/>			
Hours Available for Work (please fill in the table below)							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
Date Available				Wage Desired /hour			
Employment History							
Organisation				Position			
Address				Start Date mm/yyyy		End Date mm/yyyy	
Supervisor's Name				Supervisor's Phone #			
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>				Reason for Leaving			
Organisation				Position			
Address				Start Date mm/yyyy		End Date mm/yyyy	
Supervisor's Name				Supervisor's Phone #			
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>				Reason for Leaving			
Organisation				Position			
Address				Start Date mm/yyyy		End Date mm/yyyy	
Supervisor's Name				Supervisor's Phone #			
May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>				Reason for Leaving			
Education							
Name of Institution		Program/Discipline		Degree/Diploma/Certificate		Date Completed	
Name of Institution		Program/Discipline		Degree/Diploma/Certificate		Date Completed	
Name of Institution		Program/Discipline		Degree/Diploma/Certificate		Date Completed	
Other							
Please list all languages you are fluent in:							
Do you have the Food Handler Certification?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Do you have the Emergency First Aid Certification?				Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Do you have experience with food slicers and other processing equipment? (please select one)							
No <input type="checkbox"/>		Yes <input type="checkbox"/>		If yes, please specify _____			
Additional Comments/Qualifications:							

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired.

Date _____

Signature _____