

## Job Application (fill in if you do not have a resume)

Date:			
Name:			
Present Address:			
Phone #:		cell #:	
Email:			
	Date Available		
		_ If yes, can we contact your p	resent employer? Y N
Total hours availab	ole to work per week:		
Are you available t	o work at 7:00am on weeke	ends? evenings? s	tat holidays?
Are you currently	enrolled in school? Yes	No	
Qualification / Ski	<u>lls</u>		
		, QMP, FOOD SAFE, FIRST AID,	WHMIS, FORKLIFT, ect.):
List a min. of 2 pre	vious employers: Attach a se	eparate sheet if more than 2.  Length of employment	Reason for leaving
<u>References</u>			
List 3 people not re	elated to you, whom have ki	nown you at least one year.	
<u>Name</u>	<u>Address</u>	Phone Number	Years Acquainted