

## APPLICATION FOR EMPLOYMENT

Last Name	First Name	Nick Name (If applicable)	
Current Home Address	Apt #	City	Prov. <span style="float: right;">Postal Code</span>
Cell Phone	Home Phone		Email
Do you have any friends or relatives working for us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who?	Are you legally entitled to work in Ontario Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you of age to serve alcohol? (18 years of age or older) <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify the information I will provide on this application will be accurate and truthful.

I authorize the individuals, companies and agencies concerned to provide this company and its agents with all information necessary to verify the statements I have made in this application and I release them from any liability for so doing. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate dismissal.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ Signature \_\_\_\_\_

### THE JOB YOU ARE LOOKING FOR

What position/s are you interested in applying for? (Please select all that apply)

<input type="checkbox"/> Prep Cook	<input type="checkbox"/> Line Cook	<input type="checkbox"/> Server	<input type="checkbox"/> Bartender	<input type="checkbox"/> Host
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Sous Chef	<input type="checkbox"/> Jr. Server	<input type="checkbox"/> Jr. Bartender	<input type="checkbox"/> Other

Are you looking for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Please indicate how many hours would you like to work each week? From _____ To _____	Please indicate, if there a time of day you would prefer not to work past.
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Do you have open availability?  Yes  No      If you **DO NOT** have open availability please indicate any shifts you **cannot** work

<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<input type="checkbox"/> lunch	<input type="checkbox"/> lunch	<input type="checkbox"/> lunch	<input type="checkbox"/> lunch	<input type="checkbox"/> lunch	<input type="checkbox"/> lunch	<input type="checkbox"/> lunch
<input type="checkbox"/> dinner	<input type="checkbox"/> dinner	<input type="checkbox"/> dinner	<input type="checkbox"/> dinner	<input type="checkbox"/> dinner	<input type="checkbox"/> dinner	<input type="checkbox"/> dinner

Do you have reliable transportation to meet any regularly scheduled shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, on what date would you be available to start work?	Summer students, please indicate on the date you return to school.
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### INDUSTRY CERTIFICATIONS

<input type="checkbox"/> Safe Food Handling Certificate	<input type="checkbox"/> SMART SERVE	<input type="checkbox"/> First Aid Certification
<input type="checkbox"/> WHMIS Certificate	<input type="checkbox"/> Bartending Certificate	<input type="checkbox"/> Other Certification _____

### FORMAL EDUCATION

Name of High School	Highest Grade Completed	Month/Year Completed	
Name of College	Name of Program	Number of Years Completed	Month/Year Completed
Name of University	Name of Program	Number of Years Completed	Month/Year Completed

### SUMMARY OF RESTAURANT EXPERIENCE

How many years of experience have you had in a ...

	<b>None</b>	<b>Less than 1 YR</b>	<b>1-2 years</b>	<b>3-5 years</b>	<b>5+ years</b>
<b>Chain Restaurant</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pub/Family Restaurant</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cafe</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fine Dining Restaurant</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trendy/Scene Restaurant</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**WORK EXPERIENCE** (please start with your most recent)

Company Name	Address/City	Date Hired mm/yyyy	Date Left mm/yyyy
Job Title/s	Supervisor's Name & Title	Starting Salary \$ _____ per _____	Ending Salary \$ _____ per _____
Reason for Leaving			
May we Contact this employer to verify employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide Employer's phone #		Additional Comments	

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**HOBBIES, INTERESTS & ANYTHING ELSE**

Please share your two favorite hobbies/pastimes	Other than working in a restaurant, what industries interest you?
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Please share what attracted you to applying for Harvest Kitchen & anything else you think we should know about you