



APPLICATION FOR EMPLOYMENT

In order for you to be considered for employment, this application must be filled out in its entirety.

Please attach resume to the back of this application.

MY PERSONAL INFORMATION

Today's date:				Current address:				
First name:		Last name:		City:		Province:		
Day phone number: ()		Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>	Postal Code:			How long at current address?
Evening phone number: ()		Home <input type="checkbox"/>	Cell <input type="checkbox"/>	Work <input type="checkbox"/>	Email address:			

WHAT POSITION ARE YOU APPLYING FOR?

If you select more than one job, write your preference beside that job position listed (e.g. #1, #2 ...)

<p style="text-align: center;"><u>Kitchen Positions</u></p> <input type="checkbox"/> Dishwasher <input type="checkbox"/> Prep Cook <input type="checkbox"/> Line Cook <input type="checkbox"/> Sous Chef	<p style="text-align: center;"><u>Event (Banquet) Positions</u></p> <input type="checkbox"/> Event Server <input type="checkbox"/> Event Captain <input type="checkbox"/> Event Coordinator	<p style="text-align: center;"><u>Dining Room Positions</u></p> <input type="checkbox"/> Expeditor (Busser) <input type="checkbox"/> Dining Room Server <input type="checkbox"/> Dining Room Bartender <input type="checkbox"/> Dining Room Supervisor
Have you ever worked for Table 24 before? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, when?</i>		
How did you learn about employment opportunities at Table 24? Newspaper <input type="checkbox"/> Our Website <input type="checkbox"/> Family/Friend <input type="checkbox"/> Internet <input type="checkbox"/> Walked In <input type="checkbox"/> Other <input type="checkbox"/> <i>Please specify:</i>		
Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a Food Safe Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you bondable? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a Serving It Right Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any First Aid Certificates? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a WHMIS Certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>

MY AVAILABILITY

When can you start working at Table 24? Please check the appropriate boxes to indicate when you are available: <table style="width: 100%; text-align: center;"> <tr> <td></td> <td>Mon</td> <td>Tues</td> <td>Wed</td> <td>Thur</td> <td>Fri</td> <td>Sat</td> <td>Sun</td> </tr> <tr> <td>Days</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Before 5pm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Nights</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>After 5pm</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Days								Before 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nights								After 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of employment desired: Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> My first choice would be: Days <input type="checkbox"/> Nights <input type="checkbox"/> Either <input type="checkbox"/> Are you willing to work split shifts? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you willing to work holidays / weekends? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you presently employed: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, do you currently work:</i> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
	Mon	Tues	Wed	Thur	Fri	Sat	Sun																																		
Days																																									
Before 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		
Nights																																									
After 5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		

MY EMPLOYMENT REFERENCES

Your current or most recent job position and description of duties:	From:	To:	Years employed:
Employer name and city:	Reason for leaving (or want to leave):		
Supervisor name and phone number:	What did (or do) you like about this job:		

Previous job position and description of duties:	From:	To:	Years employed:
Employer name and city:	Reason for leaving:		
Supervisor name and phone number:	What did you like about this job:		

Previous job position and description of duties:	From:	To:	Years employed:
Employer name and city:	Reason for leaving:		
Supervisor name and phone number:	What did you like about this job:		

MY CHARACTER REFERENCES

Do you know anyone who currently works for Table 24? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, who?</i>			
Name of reference and relation (family, friend, etc):	City:	Phone number:	Years known:
Name of reference and relation (family, friend, etc):	City:	Phone number:	Years known:

I certify that the information provided on this application and supporting materials provided by me is true, accurate and complete. I understand that any misrepresentations or omissions made on this application will result in refusal of employment or, if employed, for immediate termination from Table 24.

I authorize the management of Table 24 Restaurant Ltd. to contact employers or persons named above for purposes of verifying this information and assessing my suitability for employment. This consent is valid during the consideration of my application, and, in the event I am hired, for the duration of my employment.

I understand that my application will be considered active for 90 days, after which I must submit a new application.

Applicant's Signature: _____

Date: _____