

Employment Application Form

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Please complete the form below to apply for a position with us.

Personal Information

Name:

Last

Middle

First

Address:

Street

City

State

Zip

Contact:

Home Phone

Cell

Email

Social Security Number:

How did you hear about us?

Are you of legal age to sell alcohol?

Yes

No

Employment Desired

Position Applied For:

Salary Desired:

Available Start Date:

Employment Desired *(continued)*

Availability: *(check all that apply)*

<input type="checkbox"/> Monday	Hours Available: _____
<input type="checkbox"/> Tuesday	Hours Available: _____
<input type="checkbox"/> Wednesday	Hours Available: _____
<input type="checkbox"/> Thursday	Hours Available: _____
<input type="checkbox"/> Friday	Hours Available: _____
<input type="checkbox"/> Saturday	Hours Available: _____
<input type="checkbox"/> Sunday	Hours Available: _____

Are you authorized to work in the United States?

Yes No

Do you have any criminal convictions?

Yes No

Education

School / College / Other: _____

Qualifications / Experience Gained: _____

School / College / Other: _____

Qualifications / Experience Gained: _____

School / College / Other: _____

Qualifications / Experience Gained: _____

Former Employers

1. Former Employer's Name:

Last First

Address:

Street City State Zip

Contact:

Phone Number Email

Position:

Salary:

Reason for Leaving:

Dates of Employment:

Y / M / D to Y / M / D

May we contact this employer?

Yes No

2. Former Employer's Name:

Last First

Address:

Street City State Zip

Contact:

Phone Number Email

Position:

Salary:

Reason for Leaving:

Dates of Employment:

Y / M / D to Y / M / D

May we contact this employer?

Yes No

Personal References

1. Name:

Last First

Address:

Street City State Zip

Contact:

Phone Number Email

Relation:

2. Name:

Last First

Address:

Street City State Zip

Contact:

Phone Number Email

Relation:

3. Name:

Last First

Address:

Street City State Zip

Contact:

Phone Number Email

Relation:

Emergency Contact

Name:

Last First

Address:

Street City State Zip

Contact:

Home Phone Number Cell

Relation:

Your Declaration

Signed:

Date:

Y / M / D

Non-Discrimination Notice:

Disability Accommodation Notice:

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Please complete the form below to apply for a position with us.

Personal Information

Name:

Last

Middle

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Address:

Street

City

Province/Territory

Postal Code

Contact:

Home Phone

Cell

Email

Social Insurance Number:

How did you hear about us?

Are you of legal age to sell alcohol?

Yes

No

Employment Desired

Position Applied For:

Salary Desired:

Available Start Date:

Employment Desired *(continued)*

Availability: *(check all that apply)*

<input type="checkbox"/> Monday	Hours Available: _____
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<input type="checkbox"/> Wednesday	Hours Available: _____
<input type="checkbox"/> Thursday	Hours Available: _____
<input type="checkbox"/> Friday	Hours Available: _____
<input type="checkbox"/> Saturday	Hours Available: _____
<input type="checkbox"/> Sunday	Hours Available: _____

Are you authorized to work in Canada?

Yes No

Do you have any criminal convictions?

Yes No

Education

School/University/College/Other: _____

Qualifications / Experience Gained: _____

School/University/College/Other: _____

Qualifications / Experience Gained: _____

School/University/College/Other: _____

Qualifications / Experience Gained: _____

Former Employers

1. Former Employer's Name:

Last

First

Address:

Street

City

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Postal Code

Contact:

Phone Number

Email

Position:

Salary:

Reason for Leaving:

Dates of Employment:

Y / M / D

to

Y / M / D

May we contact this employer?

Yes

No

2. Former Employer's Name:

Last

First

Address:

Street

City

Province/Territory

Postal Code

Contact:

Phone Number

Email

Position:

Salary:

Reason for Leaving:

Dates of Employment:

Y / M / D

to

Y / M / D

May we contact this employer?

Yes

No

Personal References

1. Name:

Last First

Address:

Street City Province/Territory Postal Code

Contact:

Phone Number Email

Relation:

2. Name:

Last First

Address:

Street City Province/Territory Postal Code

Contact:

Phone Number Email

Relation:

3. Name:

Last First

Address:

Street City Province/Territory Postal Code

Contact:

Phone Number Email

Relation:

Emergency Contact

Name:

Last First

Address:

Street City Province/Territory Postal Code

Contact:

Home Phone Number Cell

Relation:

Your Declaration

Signed:

Date:

Y / M / D

Non-Discrimination Notice:

Disability Accommodation Notice: