

DATE

(PLEASE WRITE IN BLOCK LETTERS)



GENERAL INFORMATION									AVAILABILITY		
FIRST NAME			LAST	IAME					FROM	то	
NUMBER	STREET						APARTMENT		MONDAY		
CITY			PROVI	PROVINCE			POSTAL CODE		TUESDAY		
TELEPHONE (HOME)					TELEPHONE (OTHER)			WEDNESDAY			
SPOKEN LANGUAGES: O ENGLISH O FRENCH O OTHER:									THURSDAY		
DO YOU HAVE THE RIGHT TO WORK IN CANADA? YES ONO									FRIDAY		
JOB POSITION	SATURDAY										
○ FULL-TIME ○ PART-TIME ○ SHIFT MANAGER									SUNDAY		
WHICH PANNIZZA LO											
EXPERIENCE									CONFIRMATION		
NAME OF COMPANY (MOST RE	CENT)	POSITIO	ON HELD		BEGAN IN	SALARY	/YEAR	REASON FOR DEPARTURE			
TELEPHONE NUMBER		NAME	OF SUPERVISOR		ENDED	_	/HOUR			ify that the information provided in ion form is true to the best of my	
NAME OF COMPANY P		POSITIO	POSITION HELD		BEGAN IN	SALARY	/YEAR	REASON FOR DEPARTURE	knowledge and	I am aware	that any false
TELEPHONE NUMBER		NAME	NAME OF SUPERVISOR		ENDED		/HOUR		declarations on my part can lead to immediate dismissal. I also allow the company to verify and		
EDUCATION									confirm any and all references or past job experiences with my previous employers.		
LEVEL FROM (YF		FROM (YR)	TO (YR)	O (YR) NAME OF INSTITUTION			DIPLOMA ATTAINED		— Capetiences With I	ny previous en	.p.o.y.c.o.
									— APPLICANT'S SIGNATURE		