



Application for Employment

- this application is valid for 90 days only -

Date (dd/mm/yy)
Location

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act, the Employment Standards Code and the Labour Relations Code. The information will be used to determine eligibility for employment. If you have any questions regarding the collection of information you may contact the Jawny Bakers Restaurant Human Resources department.

Position Applied For (use a separate application for each position)	Type of Employment <input type="radio"/> Full Time <input type="radio"/> Part Time
Please indicate your preferences	Shift Availability <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Full Time <input type="radio"/> Part Time

Last Name	First Name	Middle Name
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Address

City	Province & Country	Postal Code
Telephone (home)	Telephone (alternate)	Are you fluent in English? <input type="radio"/> Yes <input type="radio"/> No

Are you currently employed? If not, please explain. <input type="radio"/> Yes <input type="radio"/> No _____
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Are you legally entitled to work in Canada? <input type="radio"/> Yes <input type="radio"/> No	Are you of legal age to work in Ontario? <input type="radio"/> Yes <input type="radio"/> No
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Where did you learn about this position? <input type="radio"/> Internal Posting <input type="radio"/> Newspaper <input type="radio"/> Website <input type="radio"/> Internet <input type="radio"/> Word of Mouth Other: _____
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What interests do you have? (hobbies - community activities etc.)
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EDUCATION	NAME & LOCATION OF INSTITUTION	DEGREE/DIPLOMA/CERTIFICATE/GRADE COMPLETED
High School		
Post Secondary		
Post Secondary		
Other Courses		

Restaurant Skills

EMPLOYMENT	LAST POSITION	From (dd/mm/yy) () To (dd/mm/yy) ()
Name of Employer		Address of Employer
Telephone	Name of Supervisor	Position Held
Duties		Reason for Leaving

EMPLOYMENT	2nd LAST POSITION	From (dd/mm/yy) () To (dd/mm/yy) ()
Name of Employer		Address of Employer
Telephone	Name of Supervisor	Position Held
Duties		Reason for Leaving

EMPLOYMENT	3rd LAST POSITION	From (dd/mm/yy) () To (dd/mm/yy) ()
Name of Employer		Address of Employer
Telephone	Name of Supervisor	Position Held
Duties		Reason for Leaving

Please provide any additional comments, details of special skills or relevant information not covered above:

CONSENT FOR RELEASE OF INFORMATION / EMPLOYMENT & PERSONAL REFERENCES

Previous Employer	Name of Supervisor	Phone #
Previous Employer	Name of Supervisor	Phone #
Previous Employer	Name of Supervisor	Phone #
Personal	Relationship	Phone #
Personal	Relationship	Phone #
Personal	Relationship	Phone #

CONDITIONS OF EMPLOYMENT

A: I am responsible for the cost and provision of a criminal records check dated within 14 days prior to employment, in compliance with the Protection For Persons In Care Act.
 B: If eligible, I will be required to enroll in a group benefit plan. C: I, understand that in order to receive recognition for educational qualifications, I must provide copies of my certificates, diplomas or degrees.
 D: I, understand that Jawnys Bakers Restaurant is a non-smoking region and that smoking policies must be adhered to.

I CERTIFY THAT THE INFORMATION AND ANSWERS GIVEN BY ME IN THIS APPLICATION ARE TRUE AND COMPLETE IN EVERY RESPECT AND I UNDERSTAND THAT ANY FALSE ANSWERS OR STATEMENTS MADE BY ME MAY BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL. I ALSO UNDERSTAND THAT IF I AM HIRED I WILL BE REQUIRED TO PROVIDE PERSONAL INFORMATION - INCLUDING BUT NOT LIMITED TO MY DATE OF BIRTH, GENDER, SOCIAL INSURANCE NUMBER, PERSONAL HEALTH NUMBER, EMERGENCY CONTACT INFORMATION, MARITAL STATUS, NAMES OF SPOUSE AND DEPENDENTS.

Signature	Date (dd/mm/yy)
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TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT AFTER HIRE

			<input type="radio"/> Male	<input type="radio"/> Female
Employee Name		Hire Date (dd/mm/yy)	Orientation Date (dd/mm/yy)	
Employee #	Emergency Contact Name		Emergency Contact Number	
Position	Rate/Hour	Vacation Level Hours	Vacation Anniversary Date (dd/mm/yy)	
Authorized Signature			Date (dd/mm/yy)	
Comments				