



EMPLOYMENT APPLICATION FORM

PERSONAL INFORMATION			
Last Name	First	Middle	Date of Application
Street Address			Home Phone
City, Province, Postal Code			How long at present address?
Were you previously employed by this organization? <input type="checkbox"/> Yes, Date(s) Department <input type="checkbox"/> No			
Have you previously applied to this organization? <input type="checkbox"/> Yes, Date(s) Department <input type="checkbox"/> No			
Position Applying For:			If hired, how long do you expect to stay?
Check the following options which you would consider: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			Wages Expected
Are you willing to work nights, weekends and holiday? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain)		Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date available for work

EDUCATION AND TRAINING					
School	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Apprentice School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
List any other education, training, special skills or certificated/licenses that you possess:					
Provide a brief explanation of why you are well-suited for this position:					

ADDITIONAL EMPLOYMENT RELATED INFORMATION		
List any relatives or friends working for this organization:	NAME	RELATIONSHIP

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST				
Name	Address	Phone	Business	Years Known

LIST PREVIOUS EMPLOYERS STARTING WITH THE MOST RECENT					
Name & Address	Position/Salary	From/To	Reason for Leaving	Supervisor & Phone	May We Contact
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT'S CERTIFICATION – PLEASE READ CAREFULLY BEFORE SIGNING	
<p>I certify that my answers are true and correct. If I am hired and any information that I provided in this application is found to be untrue, or if any material statement is omitted, I understand that I may be subject to discipline, up to and including discharge, any time during the period of my employment.</p> <p>I understand that Gourmet Burger Co. (the "Company") has a policy of zero tolerance for drugs and alcohol in the workplace. If I receive an offer of employment, I agree to fully comply with the Company's "Substance Abuse Policy" as stated in the Employee Manual.</p> <p>I understand that this application and/or anything communicated to me during the application process is not intended to and does not create an employment contract between me and the Company.</p>	
Applicant's Signature	Date