

CALGARY ITALIAN BAKERY**APPLICATION FOR EMPLOYMENT**

POSITION BEING APPLIED FOR:

DATE AVAILABLE TO BEGIN WORK:

EXPECTED SALARY:

PERSONAL DATA

Surname:

First Name:

Middle Name:

Home Telephone Number:

Address:

Street

City

Province

Postal Code

Are you legally eligible to work in Canada? Yes No Are you eligible for bonding? Yes No

Police Security Clearance is required for Candidates applying for Driver/Sales positions – this is a requirement of Employment.

A Drivers Abstract must be attached for Candidates applying for Driver/Sales positions.

To determine your qualifications for employment, please provide below and on the reverse, information related to your academic and other achievements including voluntary work, as well as employment history. Additional information may be attached on a separate sheet.

 Additional Information attached**EDUCATION RECORD**

	SCHOOL NAME	SUBJECT	DIPLOMA/DEGREE AWARDED	
High School			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Business, Trade Or Technical School			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Community College			<input type="checkbox"/> Yes	<input type="checkbox"/> No
University			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Courses, Seminars, Workshops:

Describe any or your work related skills, experience, or training that relate tot the position being applied for:

Have you ever been employed by this company before?

Yes No

If yes – from _____ to _____

What source referred you to this company?

What was your position when you left?

Will you work shift work?

Are you willing to relocate?

Yes No Yes No

EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)

COMPANY NAME	FROM	LAST SALARY	JOB TITLE
	TO		
	TYPE OF BUSINESS		
REASON FOR LEAVING	SUPERVISOR		
COMPANY NAME	FROM	LAST SALARY	JOB TITLE
	TO		
	TYPE OF BUSINESS		
REASON FOR LEAVING	SUPERVISOR		
COMPANY NAME	FROM	LAST SALARY	JOB TITLE
	TO		
	TYPE OF BUSINESS		
REASON FOR LEAVING	SUPERVISOR		
COMPANY NAME	FROM	LAST SALARY	JOB TITLE
	TO		
	TYPE OF BUSINESS		
REASON FOR LEAVING	SUPERVISOR		
MAY WE CONTACT YOUR PRESENT EMPLOYER?			

REFERENCES

LIST TWO PERSONS TO WHOM WE MAY REFER (NOT RELATIVES OR PREVIOUS EMPLOYERS)		
NAME	ADDRESS	TELEPHONE
OCCUPATION		
NAME	ADDRESS	TELEPHONE
OCCUPATION		

I HEREBY DECLARE THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL.

SIGNATURE _____ **DATE** _____

FOR OFFICE USE ONLY

COMMENTS
