Employment Application Form

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

Personal II	nformation				
Name:					
Address:	Last	Middle	First		
	Street	City	State	Zip	
Contact:	Home Phone	Cell	Email		
Social Security	y Number:				
How did you h	ear about us?				
Are you of lega	al age to sell alcohol?	☐ Yes ☐	No		
Employme	ent Desired				
Position Applie	ed For:				
Salary Desired	l:				
Available Start	t Date:				

Employment Desired (continued)

Availability: (chec	ck all that apply)		
Monday	Hours Available:	Are you authorized to work in the	
☐ Tuesday	Hours Available:		
Wednesday	Hours Available:	 _ Yes \square No	
☐ Thursday	Hours Available:	 _	
Friday	Hours Available:	 Do you have any criminal	
Saturday	Hours Available:	 convictions?	
Sunday	Hours Available:	 _ Yes \square No	
		I	
Education			
School / College	e / Other:	 	
Qualifications /	Experience Gained:		
•			
			_
School / College	e / Other:		
Qualifications /	Experience Gained: _	 	
			_
School / College	e / Other:		
Qualifications /	Experience Gained: _	 	
			_

Former Employers

1.	Former Employer's Nan	ne:					
		Las	t			First	
	Address:						
		Street	City			State	Zip
	Contact:						
		Phone Number				Email	
	Position:					Salary:	
	Reason for Leav	ving:					
	Dates of Emplo	yment:					May we contact this employer?
		Y/	M/D to	0	Y/M/D		Yes No
2.	Former Employer's Nan	ne:					
		Las	t			First	
	Address:						
		Street	City			State	Zip
	Contact:						
		Phone Number				Email	
	Position:					Salary:	
	Reason for Leav	ving:					
	Dates of Emplo	yment:					May we contact
		Υ/	M/D to	0	Y/M/D		this employer?

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 Conta	ct			
Name:				
	Last	First		
Address:				
	Church	Chaha	7:	
	Street City	State	Zip	
Contact:				
	Home Phone Number	Ce	ell	
Relation:				
Your Declaration				
Signed:				
Date:				
Y/M/E)			
Non-Discrimination Notice:		Dissbility Assam	modation Nation	
NOTI-DISCRIMINATION NOTICE:		Disability Accom	modation Notice:	



Employment Application Form

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

Personal I	nformation				
Name:					
Address:	Last	Middle		First	
	Street	City		Province/Territory	Postal Code
Contact:	Home Phone	Cell		Email	
Social Insuran		OGII		Linan	
How did you h	ear about us?				
Are you of lega	al age to sell alcohol?	Yes	□No		
Employme	ent Desired				
Position Applic	ed For:				
Salary Desired	l:				
Available Start	t Date:				

Employment Desired (continued)

Availability: (chec	k all that apply)	
Monday	Hours Available:	 Are you authorized to work in Canada?
☐ Tuesday	Hours Available:	
Wednesday	Hours Available:	
☐ Thursday	Hours Available:	
Friday	Hours Available:	 Do you have
Saturday	Hours Available:	 any criminal convictions?
		I
Education		
School/Universi	ty/College/Other:	
Qualifications /	Evravianas Cainad	
Qualifications /	Experience Gained:	
Cabaal/Universi	tu/Collogo/Othor	
School/Oniversi	ty/College/Other:	
Qualifications /	Experience Gained:	
School/Universi	ty/College/Other:	
Qualifications /	Evnerience Gained	
wamiications /	Experience danieu:	

Former Employers

1.	Former Employer's Nam	e:					
			Last			First	
	Address:						
		Street		City		Province/Territory	Postal Code
	Contact:						
		Phone Nur	nber			Email	
	Position:					Salary:	
	Reason for Leav	ing:					
	Dates of Employ	ment:					May we contact this employer?
			Y/M/D	to	Y/M/D		Yes No
2.	Former Employer's Nam	e:					
			Last			First	
	Address:						
		Street		City		Province/Territory	Postal Code
	Contact:						
		Phone Nur	nber			Email	
	Position:					Salary:	
	Reason for Leav	ing:					
	Dates of Employ	ment:					May we contact this employer?
			Y/M/D	to	Y/M/D		│ □ _{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:					

	La	est	First	
Address:				
	Street	City	Province/Territory	Postal Code
Contact:				
	Н	ome Phone Number	Cell	
Relation:				
	ration			
Your Declai	lation			
Your Declai	lation			
Your Declai	ration			
Your Declai	iation			
Your Declai	iation			
Your Declai	ation			
Your Declai				
Your Declai				
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Disability Accommodation Notice:



Non-Discrimination Notice: