

| | | | | | | | | I | âtisserie | Corporation | ulli. |
|------------------|-------------------------|------------------------|------------------|-------------|------------|-------------|---------------------------------------|-------------------------------|------------------------|--------------|--------|
| <u>APPLI</u> | CATION FO | DR EMPLOY | MENT | | | | | | | | |
| | | | | | | | | | | MANAGEMENT I | USE Of |
| | | | | | | | | | Application No | FN. | |
| | | | | | | | | | | | |
| Position | n Desired | | | | | | | A | oplication Date | DD/MM/ | YYY |
| Name (First | (Print) | Last | | Mide | dle | | | | | | |
| | t Address | | | 0 | | | | | Postal/P.O. Bo | x | |
| Street | & Number | | | City | | | Province | | Code | | |
| How lor Years | ng have you live | ed there? Months | | | | | | | | | |
| | us Address & Number | | | City | | | Province | | Postal/P.O. Bo Code | x | |
| How lor Years | ng have you live | ed there? Months | | | | | | | | | |
| Telepho | one No.: | Cell Phone | e No.: | E-mail: | : | | | | | | |
| | ou ever worked] Yes | for this Company No | before? | f yes, plea | se give d | ates and p | osition: | | | | |
| How did | d you hear aboι | it the position? | | | | | | | | | |
| Were y | ou referred by a | current Employe | ee? If so, who? | | | | | | | | |
| AVAILA | ABILITY: | | | 2 | | | | | | | |
| What is | | ill be available to | start working? | Desir | ed numbe | er of worki | ng hours per wee | ek: | | | |
| List the | hours you are a | available to work | in the chart bel | ow. Write " | Open" if | you have r | no time constrain | ts.: | | | |
| | MONDAY | | WEDNESDAY | THURSE | | FRIDAY | SATURDAY | SUNDA | Y | | |
| AM PM | | | | | | | | | | | |
| EDUCA | ATION: | 1 | | | | | | | lo | | |
| | chool Name | Years | Diploma/De | oree 1 | Describe | Course | Describe Sno | ecialized Tr | aining | | |
| | Shoot Hame | Completed | Dipioma/De | 9,00 | of Study o | | Describe Spe Experience Curricu | , Skills and lar Activitie | Extra s | | |
| Flemen | ntary: | | | | | | | | | | |

| School Name | Years Completed | Diploma/Degree | Describe Course of Study or Major | Describe Specialized Training, Experience, Skills and Extra Curricular Activities |
|--------------------------|--------------------|----------------|--------------------------------------|---|
| Elementary: | | | | |
| High School: | | | | |
| College/University: | | | | |
| Graduate/Professional: | | | | |
| Trade or Correspondence: | | | | |
| Other | | | | |



RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give company name and supply business references. [Use space at end of Application or add additional page(s) if necessary]

| Present or Last Employer Address City Province Postal Code Phone Number | Employed From DD / MM / YYYY To DD / MM / YYYYY | Your Title or Position Supervisor's Name and Title | Exact Reason for Leaving |
|---|---|---|--------------------------|
| Present or Last Employer Address | Employed From DD / MM / YYYY To DD / MM / YYYY | Your Title or Position Supervisor's Name and Title | Exact Reason for Leaving |
| City Province | | | |
| Postal Code Phone Number | | | |
| Present or Last Employer Address | Employed From DD / MM / YYYY To DD / MM / YYYYY | Your Title or Position Supervisor's Name and Title | Exact Reason for Leaving |
| City Province | | | |
| Postal Code Phone Number | | | |



| Have you ever been terminated or asked to resign from If yes, please explain circumstances: ☐ Yes | n any job? □ No |
|--|--|
| | |
| Please explain fully any gaps in your employment histo | Dry: |
| , | |
| | |
| May we contact your current employer? If No, please explain: | □ No |
| | |
| • | and qualifications that you have which you feel are relevant to the position for which you are |
| applying. | |
| | |
| Have you ever used another name? Is any additional to enable a check on your work and educational record | information relative to change of name, use of an assumed name, or nickname necessary d? If yes, please explain: |
| | |
| If hired, can you furnish proof that you are over 18 yea ☐ Yes | rs of age? □ No |
| | |
| | ial job duties required of the position for which you are applying? □ No |
| Do you have adequate transportation to and from work ☐ Yes | |
| | □ No |
| If a driver's license is required for the position for which Yes No Issuing Province | n you are applying, do you have a current driver's license? License No.: Expiration Date: |
| Have you ever used another name? ☑ Yes ☑ No. Is any | additional information relative to change of name, use of an assumed name, or nickname |
| necessary to enable a check on your work and educat | ional record? If yes, please explain: |
| | |
| How many days of work have you missed in the last th | ree years due to reasons other than paid holidays and vacation? |
| YEAR NUMBER OF DAYS | 5 |
| YEAR NUMBER OF DAYS | 5 |
| YEAR NUMBER OF DAYS | 5 |
| | |



PERSONAL REFERENCES

Please list persons who know you well -- not previous employers or relatives

| | Name | Occupation | Address (Street, City and Province) | Telephone Number | Number of Years Known |
|---|------|------------|--|---------------------|--------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

| Date | Signature of Applicant |
|------------|------------------------|
| DD/MM/YYYY | |

NOTE: (Incomplete and/or unsigned applications, including signing of the accompanying Applicant's Statement and Agreement, will not be considered.)