



Application Form

Personal Information (please print)

Last Name:

First Name:

Home Phone Number:

Cell Phone Number:

Address:

City:

Email Address:

Are you legally able to work in Canada? YES or NO

What is the best way for us to contact you? HOME PHONE CELL PHONE EMAIL

What area of the business are you hoping to work in?

STORE FIELD BAKERY

Are you looking for full time or part time?

When are you available to start?

During the summer months how many hours per week would you be willing to work?

_____ minimum _____ maximum

Because this is a seasonal business, and weekends are our busiest time, please be aware that you would be expected to work many weekends. Do you know of any weekends or periods of time that you would not be available? YES or NO
If yes, when? _____

We also need extra people to work in September and October.

Please list your availability during these months.

Daytime _____ After School _____ Weekends _____

Do you have re-occurring commitments that would prevent you from working a particular day each week? _____ If so, what day and time?

Do you have reliable transportation to and from work? (we are not on a bus route)

By signing below you agree that the information that you have provided is accurate. Please be aware that providing any false information may lead to termination of employment if employment is granted.

Signature: _____

Date: _____