



EMPLOYMENT APPLICATION

Position(s) of Interest: _____

Preferred Location: Sawmill (Gateway) The Moose Factory Sawmill Banquet & Catering Centre
 Sawmill (Terra Losa) Sawmill (Oliver Square) Sawmill (Capilano) Other: _____

APPLICANT INFORMATION:

First Name: _____		Last Name: _____	
Address: _____			
City: _____		Province: _____	
Postal Code: _____		E-Mail: _____	
Phone Number: () _____		Cell/Alternate Number: () _____	

ADDITIONAL INFORMATION:

Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally authorized to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employment Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer <input type="checkbox"/> Other _____			
Date available for employment: _____		Desired Wage: _____	
Are you flexible in your hours of work? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please indicate available days and times below): Please Explain: _____ _____			
Do you have any health concerns/limitations we should be aware of which could affect your work abilities or others in relation to your position with <i>The Sawmill Restaurant Group</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please indicate details below): Please Explain: _____ _____			

EDUCATION:

Education	Name and Location of Institute	Years Attended	Level Obtained
High School	_____	_____	_____
University/College	_____	_____	_____
Special Training	_____	_____	_____
Other Courses	_____	_____	_____

Additional Skills and Qualifications (i.e. Food Safety Certification/Computer/First Aid/Awards/Etc.):





EMPLOYMENT HISTORY (PLEASE LIST FROM THE MOST RECENT):

Employer:		
Position Held:	To:	From:
Responsibilities:		
Reason For Leaving:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		
Position Held:	To:	From:
Responsibilities:		
Reason For Leaving:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		
Position Held:	To:	From:
Responsibilities:		
Reason For Leaving:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT REFERNCES (BUSINESS):

Name:	Phone Number:
Job Title/Occupation:	Relation:
Name:	Phone Number:
Job Title/Occupation:	Relation:
Name:	Phone Number:
Job Title/Occupation:	Relation:

ADDITIONAL COMMENTS:

Thank you for your interest with the Sawmill Restaurant Group. Only those being considered for an interview will be contacted.

I authorize the Sawmill Restaurant Group to make inquiries concerning my background, character, and abilities for employment within the organization. I also authorize the disclosure of my information, which such information will be used for the purpose of this application and will be treated with strict confidence.

I declare that all information provided in this application for employment are true and I understand that any false statements will result in the exclusion of my application or termination upon hire.

Applicant Signature

Date

