

Please fill out following information and bring to store along with resume in a sealed envelope.

Employee Information

Personal Information		
Full Name:		
Last	First	M.I.
Address: Street Address		Apartment/Unit #
City	Province	Postal Code
Home Phone: ()	Alternate Phone: _()	
E-mail Address:		
Social Insurance Number:		
Birth Date: Marital Status:		
Spouse's Name:		
Spouse's Employer:		
Are you eligible to work in the Canada?		
Yes No		
Emergency Contact Information		
Full Name:		
Last	First	M.I.
Address:		
Street Address		Apartment/Unit #
City	State	Postal Code
Primary Phone: ()	Alternate Phone: ()	

Jo	b Information (to be completed by Guardian Supervisor)	
Title:	Employee ID:	
Supervisor:	Department:	
Start Date:	\$/Hr:	
	POSITION/AVAILABILITY:	
B		
Position Hired for:		
Days/Hours Avail	able	
Monday:	from to	
Tuesday:	from to	
Wednesday: Thursday:	from to from to	
Friday:	from to	
Saturday: Sunday:	from to from to	
•		
	EDUCATION:	
Name and Address Of High School - Graduation Date		
Name and Address Of Secondary School - Graduation Date		
	EMPLOYMENT HISTORY	
	EMPLOYMENT HISTORY:	
Present Or Last P	osition:	
Employer:	From: To:	
Phone:	Position Title:	
	ation contained in this application is true and complete. I understand that false information r not hiring me or for immediate termination of employment at any point in the future if I am	
	ne verification of any or all information listed above.	
O'ana atau	Б	
Signature:	Date:	