



Employment Application Form

Please Complete Requested Information (Please Print)

<i>Applicant Information</i>		
Full Name:		
Address:		
City:	Province:	Postal Code:
Primary Number:	Cell Phone Number:	
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you of legal age to work in Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever interviewed with Cloverleaf Farms Food Outlet & Deli? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of a criminal offence which is connected to the position you are applying for and for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Tell Us About Your Education:

<i>Type of School</i>	<i>Highest Grade/ Year Completed</i>	<i>Name of School and Course of Study or Major</i>	<i>Date Attended</i>
High School or equivalent	9 10 11 12		
College or University	1 2 3 4		
Vocational/Trade School			
Graduate School			
Other			
List any other certifications or licenses you currently possess:			

Tell Us About Your Past Jobs:

Please see attached resume *OR* Start with your most recent employer. You may include as part of your employment history any work performed on a volunteer basis.

<i>Position One</i>
Where did you work? (include name of company and phone number)

Start Date:		End Date:	
What was your position?			
What were your duties/responsibilities in this position?			
Why did you leave?			
May we call your supervisor?		Supervisor Name:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Contact Information:	

<i>Position Two</i>			
Where did you work? (include name of company and phone number)			
Start Date:		End Date:	
What was your position?			
What were your duties/responsibilities in this position?			
Why did you leave?			
May we call your supervisor?		Supervisor Name:	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Contact Information:	

Tell Us What You Are Looking For:

Position Desired:		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>						
Please provide your weekday hours availability below:								
	All Days	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning								
Afternoon								
Evening								
How many hours per week are you looking for? _____								

Tell Us More About Yourself:

Why do you want to work for Cloverleaf Farms Food Outlet & Deli?

References:

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

Name	Telephone #	Relationship	# of Years Known

Applicant Signature:

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below.

Your authorization on this application form is your consent that as a condition of being considered for employment at Cloverleaf Farms Food Outlet & Deli, references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

Signature			
Date Signed		Earliest Available Start Date	