



EggsOasis

DATE _____

Employment Application Form

Complete all information within this application in its entirety. Please print clearly in ink. All information provided will be a public record and will be released upon request, unless exempt or confidential. Once complete, please sign your name and date in the appropriate section. All information you submit is subject to verification.

PERSONAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	
EMAIL ADDRESS	HOME PHONE NUMBER	MOBILE PHONE NUMBER	

CURRENT ADDRESS

MAILING ADDRESS (STREET NUMBER, STREET NAME, APARTMENT NUMBER)			
CITY	PROVINCE / STATE	POSTAL CODE / ZIP CODE	COUNTRY

APPLICATION INFORMATION

SPOKEN/Written LANGUAGE(S) (Check all that apply)		<input type="checkbox"/> ENGLISH <input type="checkbox"/> OTHER <input type="checkbox"/> FRENCH _____	ARE YOU ELIGIBLE TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESIRED EMPLOYMENT	WHICH POSITION(S) ARE YOU APPLYING TO? (Please check all that apply)			
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SEASONAL	<input type="checkbox"/> SERVER <input type="checkbox"/> HOST / HOSTESS <input type="checkbox"/> BUSBOY / BUSGIRL	<input type="checkbox"/> KITCHEN (COOK) <input type="checkbox"/> CREPE / FRUIT DECORATOR <input type="checkbox"/> DISHWASHER	<input type="checkbox"/> KITCHEN SUPERVISOR <input type="checkbox"/> RESTAURANT MANAGER	
AVAILABILITY	From:	To:	From:	To:
MONDAY			SATURDAY	
TUESDAY			SUNDAY	
WEDNESDAY				
THURSDAY				
FRIDAY				

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	GRADUATION YEAR	FROM _____/_____ MONTH YEAR	TO _____/_____ MONTH YEAR	DEGREE / DIPLOMA
TYPE OF SCHOOL	NAME OF SCHOOL	GRADUATION YEAR	FROM _____/_____ MONTH YEAR	TO _____/_____ MONTH YEAR	DEGREE / DIPLOMA

PRESENT / PREVIOUS EMPLOYMENT INFORMATION

NAME OF PRESENT OR LAST EMPLOYER			JOB TITLE		
SUPERVISOR NAME		TELEPHONE NUMBER		HOURS PER WEEK	SALARY <input type="checkbox"/> PER HOUR <input type="checkbox"/> ANNUALLY
EMPLOYED FROM ____/____/____ MONTH DAY YEAR		EMPLOYED UNTIL ____/____/____ MONTH DAY YEAR		REASON FOR LEAVING	

NEXT PREVIOUS EMPLOYMENT INFORMATION

NEXT PREVIOUS EMPLOYER			JOB TITLE		
SUPERVISOR NAME		TELEPHONE NUMBER		HOURS PER WEEK	SALARY <input type="checkbox"/> PER HOUR <input type="checkbox"/> ANNUALLY
EMPLOYED FROM ____/____/____ MONTH DAY YEAR		EMPLOYED UNTIL ____/____/____ MONTH DAY YEAR		REASON FOR LEAVING	

GENERAL QUESTIONS

MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	
HAVE YOU BEEN CONVICTED OF A CRIME YOU HAVE NOT BEEN PARDONED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN _____	

CERTIFICATION

I hereby consent that the information provided in this online application form is true to the best of my knowledge on the date specified above. I am aware that false declarations can lead to immediate dismissal. By acknowledging below, I also allow EggsOasis Restaurant to verify any past jobs, education, experiences, and references with my previous employers or any educational institution. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

APPLICANT SIGNATURE

_____/_____/_____
DATE MONTH DAY YEAR