



EMPLOYMENT APPLICATION

November 2009

The information requested is essential to a proper evaluation of your application. Kindly provide complete and legible answers to all questions.

PERSONAL	NAME: (FIRST) (LAST) (MIDDLE)			Salary Desired:				
	PRESENT ADDRESS: NUMBER/APT No.		STREET NAME		CITY POSTAL CODE			
	TELEPHONE NUMBER			POSITION APPLIED FOR:				
	Are you available to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Mornings <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/>			Date Available:				
	Hours of Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
								am pm
	Are you legally eligible to hold a job where you will handle liquor (18 years of age)?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are you legally entitled to work in Canada?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever been discharged or asked to resign from any job (if yes please state conditions)						Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Can you be bonded?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do you have a reliable means of transportation to get to work?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
	What prompted you to apply to work here?							
	Company Image <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Newspaper <input type="checkbox"/> Other <input type="checkbox"/>							
	Have you ever been employed by Archie's before? (If yes list dates and Location:)						Yes <input type="checkbox"/>	No <input type="checkbox"/>
List any relative employed by Archie's								
Have you previously applied for a position? Yes <input type="checkbox"/> No <input type="checkbox"/>						When?		
Personal Interests								
EDUCATION			Dates					
		From	To	School	Grade Completed	Degree / Diploma		
	Secondary							
	Technical or Vocational							
	University							
	Special Training							
Are there any other experiences, skills or training which you feel would qualify you to work with our company?								

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WORK HISTORY	START WITH NAME AND ADDRESS OF MOST RECENT EMPLOYER		
	1. Company name		Address Phone No.
	Position held		Dates employed From: To:
	Reason for leaving	Name of supervisor	Salary Start: End:
	2. Company name		Address Phone No.
	Position held		Dates employed From: To:
	Reason for leaving	Name of supervisor	Salary Start: End:
	3. Company name		Address Phone No.
	Position held		Dates employed From: To:
	Reason for leaving	Name of supervisor	Salary Start: End:

RATE YOURSELF	Yes	Unsure	No	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever worked a cash register?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever worked an electronic "Point of Sale" (POS) system
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been elected to a leadership position?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you know anyone who works at this restaurant?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you think hard work can also be fun?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you consider yourself a hard worker?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Would you describe yourself as a happy and enthusiastic person?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Could you be smiling and happy through your full shift?

REFERENCES	CHARACTER REFERENCES <i>(Excluding relatives or former employer, nor references that indicate religious affiliation or ethnic origin)</i>			
	NAME	ADDRESS	OCCUPATION	TELEPHONE
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	I agree that any misrepresentation on this application form or on employer documents completed after my hiring may be cause for refusing to employ me and/or dismissal. I consent to Archie's making it's usual inquiries about my work experience through my former employment and to the obtaining of consumer reports which may contain credit and personal information other than that of a religious, racial, or ethnic character. I agree that the employer may require periodic transfers from locations within London including medical examinations as a condition of my continued employment. I understand that the completion of this application does not assure me of a position with Archie's and does not obligate the Company to me in any way.			
	Applicants signature			Date:

OFFICE	PERSONAL DATA (This section only to be completed after a job has been accepted)			
	Date of birth	DAY	MONTH	YEAR
	Date of hire	DAY	MONTH	YEAR
	Social Insurance Number	Wage	Position	
	In case of emergency, whom can we contact			Telephone number

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with Archie's would be based on your merit and on no other consideration.