# Treats – Employment Form

## JOIN THE Treats TEAM!

| Position being applied for: | Date available to begin: |
|---|---|

**PERSONAL INFORMATION**

| First Name / Surname | | Social Insurance No. |
|---|---|---|
| | | - - |
| Address | Apt. No. | Home Telephone No. |
| City Province | Postal Code | Work Telephone No:<br>May we contact you at work? Yes No |

Are you legally eligible to work in Canada? ☐ Yes ☐ No

| Are you willing to relocate? ☐ Yes ☐ No | Preferred Location |
|---|---|

To determine your qualifications for employment, please provide below and on the following page, information related to your academic and other achievements including voluntary work, as well as employment history. Additional information may be attached on a separate sheet.

**EDUCATION**

| INSTITUTION | GRADE/YEARS COMPLETED DIPLOMA / DEGREE |
|---|---|
| SECONDARY SCHOOL | |
| COLLEGE | |
| UNIVERSITY | |
| TRADE SCHOOL | |
| OTHER | |

Describe any of your work related skills, experience, or training that relate to the position being applied for.

| HOURS AVAILABLE | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|---|---|---|---|---|---|---|---|
| FROM | | | | | | | |
| TO | | | | | | | |

# Treats – Employment Form

**PREVIOUS EMPLOYMENT**

| | | |
|---|---|---|
| Name and Address of Present Employer | Present/Last Job Title | |
| | Period of Employment | Salary |
| | Name of Supervisor | Telephone |
| Type of Business | Reason for Leaving | |
| Duties/Responsibilities | | |
| Name and Address of Previous Employer | Previous Job Title | |
| | Period of Employment | Salary |
| | Name of Supervisor | Telephone |
| Type of Business | Reason for Leaving | |
| Duties/Responsibilities | | |
| Name and Address of Previous Employer | Previous Job Title | |
| | Period of Employment | Salary |
| | Name of Supervisor | Telephone |
| Type of Business | Reason for Leaving | |
| Duties/Responsibilities | | |

For employment references, may we approach:

Your present/last employer ☐ Yes ☐ No
Your former employer(s) ☐ Yes ☐ No

*List references if different than above on a separate sheet*

Activities (civic, athletic, etc.)

*I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me for employment, or cause my dismissal.*

Have you attached an additional sheet? ☐ Yes ☐ No
Signature: Date:_____

_____