



EMPLOYMENT APPLICATION (Canada)

PERSONAL INFORMATION

Last Name		First Name		Middle Name	
Current Mailing Address		Street	City	Province	Postal Code
Permanent Address (if different)		Street	City	Province	Postal Code
Phone	Birth Date & Age if under 18				

POSITION APPLYING FOR

For what position or type of work are you applying for		Are you interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Other (Specify)			
Date Available	Salary Acceptable Per Hour Per Month	Have you ever worked for Dairy Queen before? If yes, Indicated dates and where employed. From: To:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where					
Who referred you to this job?					
Address			Phone		

EDUCATION

Highest grade completed 7 8 9 10 11 12 13	College 1 2 3 4	Other (specify)	Grade Point Average
--	--------------------	-----------------	---------------------

ACTIVITIES

Class organizations, scholastic honours and other school activities (Exclude organizations which indicate race, creed, colour or national origin.):
Hobbies and recreational interests:

EMPLOYMENT RECORD

Name and address of present or most recent employer				Employment Dates From: To:	
Supervisors Name	Title	Phone	Position	Starting Salary	Final Salary
Reason for leaving			May we contact this employer <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, At a later date <input type="checkbox"/> No, Do not contact		
Name and address of previous employer				Employment Dates From: To:	
Supervisors Name	Title	Phone	Position	Starting Salary	Final Salary
Reason for leaving			May we contact this employer <input type="checkbox"/> Yes, Immediately <input type="checkbox"/> Yes, At a later date <input type="checkbox"/> No, Do not contact		
Days available for work				Shift Preference	
In case of emergency contact				Phone	

I understand that if employed, false statements on this application may be considered sufficient cause for dismissal. I further agree that I may be required to take a physical examination prior to employment, but understand that accommodations will be implemented, if necessary. I hereby Attest that all statements made by me above are true to the best of my knowledge. Check box to agree.

Date _____ Applicant's Signature _____ Comments _____

Date _____ Signature of Manager _____ Comments _____