



HOURLY APPLICATION FOR EMPLOYMENT

(Please Print or Type)

Personal Data

Last Name:		Given Name(s) :		S.I.N. (optional) :	
Address:			Apt. No. :	Home Telephone # :	
City:		Province:	Postal Code:	Business Telephone # :	
Are you legally entitled to work in Canada? Yes No			Do you have a valid driver's licence?	No Yes	Class:

To determine your qualifications for employment, please provide below, 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.

Secondary School Education

Highest grade of level completed.		Type of certification/diploma received.		Name of Program:		Length of Program:	
Name and Address of school				Diploma/Degree Received?		Yes	No
				Reason:			
				Other courses, workshops, seminars:			
				Work related skills:			

Employment History (beginning with most recent)

Name and Address of present/last employer :		Present/last job title:			
		Period of employment	From:	To:	Present/last salary/wage:
		Reason for leaving:			Telephone #:
Type of Business:		Name of Supervisor:			
Duties/Responsibilities:					
Name and Address of present/last employer:		Present/last job title:			
		Period of employment	From:	To:	Present/last salary/wage:
		Reason for leaving:			Telephone #:
Type of Business:		Name of Supervisor:			
Duties/Responsibilities					
Name and Address of present/last employer :		Present/last job title:			
		Period of employment	From:	To:	Present/last salary/wage:
		Reason for leaving:			Telephone #:
Type of Business:		Name of Supervisor:			
Duties/Responsibilities					
For employment references, may we approach:			List references, if different from above, on a separate sheet.		
Your present employer? Yes No			Have you attached an additional sheet? Yes No		
Your former employer(s)? Yes No			Are you willing to work part-time? Yes No		
Have you worked for Sodexo before? Yes No			Are you bondable? Yes No		
If yes, where and when? _____			What are your salary/wage expectations? \$ _____/hour		
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 from employment, or cause my dismissal.

Signature _____ Date _____

FOR OFFICE USE ONLY

Start Date		Prov. Med. Exemption Form If exempt _	
Date of Birth	DD MM YY	Location _____	
Rate of Pay _____		Family or Single Coverage _____	
Interviewed by _____		Medical Coverage _____	
Prov. Medical # _____		Provincial Coverage _____	
TD1 Form (completed) _____			
Reference Check Date	Initial		