

APPLICATION FOR EMPLOYMENT



DATE: MM / DD / YY

APPLICANT NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE _____

PHONE () _____ EMAIL _____

S.I.N. _____ ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? Y N

ARE YOU LEGALLY ENTITLED TO SERVE ALCOHOL? Y N ARE YOU BONDABLE? Y N

WHERE DID YOU HEAR ABOUT CAPONES/ DEUCE? _____

POSITION DESIRED: _____

RESTAURANT (PLEASE SELECT THE LOCATION YOU ARE APPLYING FOR): CAPONES DEUCE

AVAILABILITY (PLEASE CHECK)

M T W T F S S
am

pm

IF HIRED, WHEN WOULD YOU BE AVAILABLE TO START? _____

EDUCATION:

SCHOOL NAME: _____

DATES OF STUDY FROM _____ TO _____

COURSES COMPLETED: _____

SCHOOL NAME: _____

DATES OF STUDY FROM _____ TO _____

COURSES COMPLETED: _____

SCHOOL NAME: _____

DATES OF STUDY FROM _____ TO _____

COURSES COMPLETED: _____

EMPLOYMENT HISTORY

MOST RECENT EMPLOYER: _____

POSITION: _____ FROM : _____ TO: _____

ADDRESS: _____ PHONE: () _____

PRIMARY DUTIES: _____

REASON FOR LEAVING: _____ PAY RATE: _____

EMPLOYER: _____

POSITION: _____ FROM : _____ TO: _____

ADDRESS: _____ PHONE: () _____

PRIMARY DUTIES: _____

REASON FOR LEAVING: _____ PAY RATE: _____

EMPLOYER: _____

POSITION: _____ FROM : _____ TO: _____

ADDRESS: _____ PHONE: () _____

PRIMARY DUTIES: _____

REASON FOR LEAVING: _____ PAY RATE: _____

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION AND SUPPORTING MATERIALS PROVIDED BY ME IS TRUE AND COMPLETE. I UNDERSTAND THE OMISSIONS OR MISREPRESENTATIONS MADE ON THIS APPLICATION OR OTHER DOCUMENTATION AND/OR TESTS RELATED TO EMPLOYMENT WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF MY APPLICATION AND, IF EMPLOYED, FOR TERMINATION FROM CAPONES.

MY SIGNATURE ON THIS FORM IS PROOF THAT I HAVE AUTHORIZED THE MANAGEMENT OF CAPONES RESTAURANT OR AN AGENT ACTING ON ITS BEHALF, TO COLLECT, USE AND DISCLOSE MY PERSONAL INFORMATION AS CONTAINED ON THIS FORM FOR PURPOSES OF VERIFYING THIS INFORMATION AND ASSESSING MY SUITABILITY FOR EMPLOYMENT. THIS CONSENT IS VALID FOR THE TIME FOR THE REVIEW OF MY JOB APPLICATION, AND, IN THE EVENT I AM HIRED, FOR THE DURATION OF MY EMPLOYMENT. I UNDERSTAND THAT THIS CONSENT ITSELF MAY BE PROVIDED TO OTHER ORGANIZATIONS IN THE COURSE OF CONSIDERING REFERENCES, AS PROOF THAT I HAVE CONSENTED TO THE COLLECTION OF MY PERSONAL INFORMATION FOR THESE PURPOSES.

I UNDERSTAND THAT:

IF I AM HIRED BY CAPONES, I AM SUBJECT TO THE RULES AND CONDITIONS OF EMPLOYMENT AS SET OUT IN THE ORIENTATION PACKAGE PROVIDED TO ME UPON EMPLOYMENT.

SIGNATURE OF APPLICANT: _____ DATE: _____

THANK YOU FOR YOUR INTEREST IN CAPONES RESTAURANT & LIVE JAZZ CLUB