The District Restraurant Group

Date of application mm / dd / yy

First Name _____ Last Name _____

Address _____

City _____ Postal Code _____ Phone _____

Email _____

Have you been previously employed by us? ☐ Yes ☐ No

Are you legally entitled to serve alcohol? ☐ Yes ☐ No

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

Reliable Transportation to and from work? ☐ Yes ☐ No

Position & Availability

Position desired: _____ Desired # of Shifts: _____

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

When can you start: _____

Education & Training

Name of School _____

Program _____ City _____

Dates of Study (From-To) _____ to _____

Did you Graduate/complete the program? ☐ Yes ☐ No

Name of School _____

Program _____ City _____

Dates of Study (From-To) _____ to _____

Did you Graduate/complete the program? ☐ Yes ☐ No

Work History

Employer _____

Position _____ Held From _____ To _____

Address _____ Phone _____

Duties _____

Reasons for Leaving _____ Rate _____

Employer _____

Position _____ Held From _____ To _____

Address _____ Phone _____

Duties _____

Reasons for Leaving _____ Rate _____

Employer _____

Position _____ Held From _____ To _____

Address _____ Phone _____

Duties _____

Reasons for Leaving _____ 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 the District Restaurant Group.

My signature on this form is proof that I have authorized the management of the District Restaurant Group, 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:

-Part of the application process includes a written examination and that I may be invited by the District Restaurant Group to attend, at my discretion, training classes which would assist me in preparing for the written examination.

-If I am hired by the District Restaurant Group, there will be a three month probationary work period during which my performance and suitability for the position will be reviewed;

Signature of Employee _____ **Date** _____

Thank you to all applicants for your interest. However, only those selected for an interview will be contacted.