

# DUNVEGAN GARDENS FSJ

## EMPLOYMENT / JOB APPLICATION

<b>PERSONAL INFORMATION</b>	
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**FULL NAME:**    **DATE:**

First Middle Last

**ADDRESS:**

Street Address Apt/Suite

City Province Postal Code

**E-MAIL:**  **PHONE:**

**BIRTHDATE:** MONTH  DATE  YEAR

**SOCIAL SECURITY NUMBER (SIN):**

**DATE AVAILABLE:**  **DESIRED PAY:** \$   HOUR  SALARY

**POSITION APPLIED FOR:**

**EMPLOYMENT DESIRED:**  FULL TIME  PART TIME  SEASONAL

**POSITION APPLYING FOR:**  CASHIER  TRANSPLANTER  NURSERY  LABOURER  LANDSCAPER

<b>EMPLOYMENT ELIGIBILITY</b>	
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**ARE YOU LEGALLY ELIGIBLE TO WORK IN THE CANADA?**  YES  NO

**HAVE YOU EVER WORKED FOR THIS EMPLOYER?**  YES\*  NO

*\*IF YES, WRITE THE START AND END DATES:*

**ARE YOU CAPABLE OF PHYSICAL LABOUR?**  YES  NO

**DO YOU HAVE ANY MEDICAL CONDITIONS THAT MAY AFFECT YOUR WORK:**  YES\*  NO

*\*IF YES, BRIEFLY STATE ACCOMODATIONS REQUIRED:*

**DO YOU SMOKE?** The Tobacco Mosaic virus can affect out tomato & cucumber plants. Being a non-smoker is NOT necessary for employment at Dunvegan Gardens  
 YES  NO

**ARE YOU AVAILABLE TO EVENING SHIFTS (NOON-9PM) ON A ROTATIONAL SCHEDULE:**  
 YES  NO

**ARE YOU AVAILABLE TO WORK SATURDAYS OR SUNDAYS ON A ROTATIONAL SCHEDULE:**  
 YES  NO

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**  YES\*  NO

*\*IF YES, PLEASE EXPLAIN:*

<b>EDUCATION/TRAINING</b>	
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**HIGH SCHOOL:**  **CITY/PROVINCE :**

**FROM:**  **TO:**

**GRADUATE?**  YES  NO **DIPLOMA:**

**COLLEGE/UNIVERSITY:**

**FROM:**  **TO:**

**GRADUATE?**  YES  NO **DEGREE:**

**FOOD SAFE:**  YES  NO **EXPIRY:**

**FIRST AID:**  YES  NO **EXPIRY:**

# DUNVEGAN GARDENS FSJ

OTHER: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

EMPLOYER: \_\_\_\_\_ LOCATION \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ LOCATION \_\_\_\_\_

Company / Individual

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

STARTING PAY: \$ \_\_\_\_\_  HOUR  SALARY ENDING PAY: \$ \_\_\_\_\_  HOUR  SALARY

JOB TITLE: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

## REFERENCES (PROFESSIONAL ONLY)

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

First Last

COMPANY: \_\_\_\_\_ TITLE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# DUNVEGAN GARDENS FSJ

PRINT NAME \_\_\_\_\_