CACTUS CLUB CAFE

Application Date: _		
Cactus Club Cafe Lo	cation:	

APPLICATION FOR EMPLOYMENT						
Name:	Last:				Are you legally entitled to work in Canada?	
Home address:					Yes No	
City:	Postal Code:				Are you legally entitled to serve alcohol in	
Mobile:					this province?	
Home:	Email:			$ \bot$	Yes No	
CACTUS JOB POSITION						
Have you ever been employed by Cactus Club Cafe before? Yes Location: From: To: Position: Reason for leaving:					r did you hear about this position? Facebook/Twitter	
What positions are you interested in? Check all KITCHEN: Dishwasher Prep cook Line cook Managem			t positions are you in RVICE: Host Bartende	[ed in? Check all that apply: Expeditor Server Management Office Admin	
Do you have reliable transportation to work ear	ly shifts? Yes	No	Late shifts? Yes	☐ No	Are you bondable? Yes No	
AVAILABILITY (Extensive availability for shifts	s material to employment	t at Cact	us Club Cafe. Any change	in availa	ability is considered material to ongoing employment)	
Type of employment desired: Full time (4-5 shifts per week) Part time (3 shifts per week) When can you start work?	Days Nights		ole to work? Please o	TH	URS FRI SAT SUN	
EDUCATION NAME OF SCHOOL		# 0	F YEARS COMPLETED	PROG	RAM OF STUDY DEGREES/DIPLOMA RECEIVED	
High School						
College/University						
Trade School						
CERTIFICATION						
Serving it Right #:			Food Safe Level 1:	Yes	No Food Safe Level 2: Yes No	
Occupational First Aid Expiry (OFA):			Hepatitis A Vaccine: Yes No Date			
OFA Institution:			Hepatitis A Booster: Yes No Date			
ACHIEVEMENTS						
Please list any skills, achievements or hobbies tha	t are relevant to the p	osition	(s) you are applying f	or:		

Last Employer:	Position:
Duties:	Reason for leaving:
Start Date:	End date:
Supervisor's Name:	Supervisor's contact #:
May we contact your Supervisor?	
Last Employer:	Position:
Duties:	Reason for leaving:
Start Date:	End date:
Supervisor's Name:	Supervisor's contact #:
May we contact your Supervisor?	
Last Employer:	Position:
Duties:	Reason for leaving:
Start Date:	End date:
Supervisor's Name:	Supervisor's contact #:
May we contact your Supervisor?	
ALTERNATIVE REFERENCES	
Name.	
	Contact #:
Name: Relationship to you:	Contact #:
May we contact the individuals? Yes No	
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