

GENERAL INFORMATION			
FIRST NAME		LAST NAME	
NUMBER	STREET	APARTMENT	
CITY		PROVINCE	POSTAL CODE
TELEPHONE (HOME)		OTHER	
SPOKEN AND WRITTEN LANGUAGES <input type="checkbox"/> ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> OTHER _____			
DO YOU HAVE THE RIGHT TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO			

JOB POSITION	
APPLYING FOR WHICH POSITION (S)? <input type="checkbox"/> KITCHEN <input type="checkbox"/> DISHWASHER <input type="checkbox"/> FRUIT COUNTER <input type="checkbox"/> BUSPERSON <input type="checkbox"/> SERVICE TEAM MEMBER <input type="checkbox"/> KITCHEN MANAGER <input type="checkbox"/> HOST / HOSTESS <input type="checkbox"/> RESTAURANT MANAGER	WHICH BEN & FLORENTINE LOCATION ARE YOU APPLYING FOR? _____ HAVE YOU WORKED FOR OUR NETWORK BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO LOCATION _____

EXPERIENCE				
MOST RECENT JOB EXPERIENCE NAME OF THE COMPANY	POSITION HELD	BEGAN IN	SALARY	REASON FOR DEPARTURE
TELEPHONE NUMBER ()	NAME OF YOUR SUPERVISOR	ENDED	/ YEAR / HOUR	
MOST RECENT JOB EXPERIENCE NAME OF THE COMPANY	POSITION HELD	BEGAN IN	SALARY	REASON FOR DEPARTURE
TELEPHONE NUMBER ()	NAME OF YOUR SUPERVISOR	ENDED	/ YEAR / HOUR	

EDUCATION				
LEVEL	YEAR		NAME OF INSTITUTION	DIPLOMA ATTAINED
	FROM	TO		

AVAILABILITY	FROM	TO
MONDAY	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

I HEREBY CERTIFY THAT THE INFORMATION OBTAINED IN THIS APPLICATION FORM IS TRUE TO THE BEST OF MY KNOWLEDGE AND I AM AWARE THAT ANY FALSE DECLARATIONS ON MY PART CAN LEAD TO IMMEDIATE DISMISSAL. I ALSO ALLOW THE COMPANY TO VERIFY AND CONFIRM ANY AND ALL REFERENCES OR PAST JOB EXPERIENCES WITH MY PREVIOUS EMPLOYERS.

 APPLICANT'S SIGNATURE

 DATE