



# EMPLOYMENT APPLICATION

**NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_ .

**ADDRESS:** Street. \_\_\_\_\_ PO BOX # \_\_\_\_\_ .

City/Town: \_\_\_\_\_ Postal code \_\_\_\_\_ .

Phone Number: (Home #) \_\_\_\_\_ (Cell #) \_\_\_\_\_

Health Care # \_\_\_\_\_ SIN # \_\_\_\_\_ .

Birth date: \_\_\_\_\_ Email address: \_\_\_\_\_ SEX: (Circle one) M F  
Month/Day/Year

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**EDUCATION HISTORY:** Please include any special training completed (First Aid, WHMIS, etc. )

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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**EMPLOYMENT HISTORY:** Please list most recent first. Company / Location / Phone Number / what work you did.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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**REFERENCES:** NAME RELATIONSHIP PHONE #

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**HOBBIES / SPORTS / INTERESTS:** (List all you are currently involved in)

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

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What are your most positive traits? What else can you tell us about you?

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Referred to Nossack Gourmet by: \_\_\_\_\_

**APPLYING FOR THE POSITION OF:** \_\_\_\_\_

**Work shift preference**

(Please circle all that apply)

- 1) **Mornings** (6:00-7:00am start)    2) **Afternoons** (1:30 pm start)  
3) **Parent Shift** (9:00 am start)    4) **Any Shift** (no preference)

**Employment Program**

(Please circle the program(s) you are most interested in working)

- 1) **Full time (40 Hours)**    2) **Part – time (20-30 Hours)**  
3) **Casual/On call**    4) **Work Experience**  
5) **Summer Employment**    6) **Winter - Weekend Employment**

Rate of pay expected: \$ \_\_\_\_\_/Per Hour.

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**I hereby certify:**

The above information is completely true and accurate.  
I am willing to see medical personnel to ensure I do not have any communicable diseases.  
I am aware that I will be required to complete a Medical review form to ensure I am physically fit and able to perform specific job duties prior to being hired.  
I am a “Safety” conscious person and will not operate any equipment or use any tool(s) unless specific training sheets have been signed by my-self and my Supervisor.  
I am willing to comply and learn all Federal Government regulations in regards to Safe Manufacturing and HACCP (In house food safety program) procedures.

**SIGNATURE:** \_\_\_\_\_ .    **DATE:** \_\_\_\_\_ .



**PERSONNEL OFFICE USE ONLY**

Date Application Received: \_\_\_\_\_ Initial: \_\_\_\_\_

Date phoned: (1) \_\_\_\_\_ Time: \_\_\_\_\_ Result: \_\_\_\_\_

Date phoned: (2) \_\_\_\_\_ Time: \_\_\_\_\_ Result: \_\_\_\_\_

Date phoned: (3) \_\_\_\_\_ Time: \_\_\_\_\_ Result: \_\_\_\_\_

Date phoned: (4) \_\_\_\_\_ Time: \_\_\_\_\_ Result: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interview Result: \_\_\_\_\_

Rate of pay expected: \_\_\_\_\_

Area Hired for: \_\_\_\_\_ Shift Time: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_ Time: \_\_\_\_\_

First full Day to work: \_\_\_\_\_ Time: \_\_\_\_\_

Permission letter- Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be submitted prior to orientation – under 17)

Time off commitments: \_\_\_\_\_

(Production signature required with any time off requested)



Personnel Office Signature

Production Office Signature