



# Western Foods

Employment Application

Date: \_\_\_\_\_

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Are you legally entitled to work in Canada? Y or N      Have you worked for Western Foods in the past? Y or N  
 Do you require parental consent to work at Western Foods? Y or N (ages 12-14)  
 Do you have Food Safe? Y or N      Do you have first aid? Y or N

## WORK PREFERENCES

Please CIRCLE areas of interest:

**GROCERY   ADMIN   MANAGEMENT   FRONT-END   PRODUCE   MEAT   DELI   BAKERY**

**OTHER:**

Please CIRCLE availability to work:

**EVENINGS   WEEKENDS   SHIFTS   FULL-TIME   PART-TIME**

Please CIRCLE preferred location:

**LANGFORD   SOOKE**

Indicate hours you **ARE** available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

When can you start? (Date) \_\_\_\_\_

## EMPLOYMENT HISTORY

**1**      **References: (Contact Info.)**

May we contact this reference? Y or N

**2**      **References: (Contact Info.)**

May we contact this reference? Y or N

**3**      **References: (Contact Info.)**

May we contact this reference? Y or N

## DISCLAIMER AND SIGNATURE

I certify that my information in this application and resume (if provided) are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I acknowledge that Western Foods may conduct reference and/or criminal checks and I authorize Western Foods to verify the information provided.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_