

information provided.

**SIGNATURE:** 

## **Western Foods**

## **Employment Application**

<b>APPLICANT</b>	INFORMAT	ION					
Last Name:				First Name:			M.I:
Street Addres	ss:						Apt/Unit:
City:				Province:			Postal Code:
Phone (Home):				Phone (Cell):			
Email:							
Are you legal	lly entitled to v	work in Canada	? Y or N	Have yo	u worked fo	r Western Foo	ds in the past? <b>Y or N</b>
= -	=	onsent to work a		Foods? Y o	<b>r N</b> (under	· 15yrs)	
Do you have	Food Safe C	ertification? Y	or N	Do you hav	e First Aid o	certification? Y	or N
WORK PREF	FERENCES						
Please CIRCL	E areas of in	terest:					
GROCERY	ADMIN N	MANAGEMENT	FRONT	-END PRO	DUCE M	EAT DELI	BAKERY
Please CIRCLE availability to work:							
EVENINGS WEEKENDS SHIFTS FULL-TIME PART-TIME							
Indicate hours you are available to work: (Be specific ie. 3 hours after 1pm, mornings only, 7am-Noon)							
Monday		Wednesday		Friday	Saturday		When can you start?
							(Date)
EMPLOYME 1	NT HISTORY	Y			Deference	v. (Contoot Info)	
1					References	s: (Contact Info)	
•				May we contact this refere			
2					References: (Contact Info)		
					May we con	ntact this referen	nce? <b>Y or N</b>
3					References	s: (Contact Info)	
					14	. 4 4 41-1 · · · · ·	W M
DISCLAIMER	D and SICNA	THE			way we con	tact this referen	ice? <b>Y or N</b>
DISCLAIME	Nally Sign	TIUKE					

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

DATE:

Date: