



## Seasonal Employment Application

Personal Details				
Last Name	First Name	Would Prefer to be Called...		
Address	Apt No.	City/Town	Province	Postal Code
Home Phone#	Are you between the ages of 18 and 64 inclusive? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Person to be notified in case of emergency				
<i>NOTE: Must be different than the applicants home phone number</i>				
Name:		Phone #:		
Address:		Relationship:		
Application Details				
Position Applying For:			Wage Expectation:	
Were you previously Employed by us? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, where and when?		
Do you want to work	Full time <input type="checkbox"/>		Part time <input type="checkbox"/>	
Your Experience				
Education:				
If still in school, please state school's name:				
Previous Employment	Supervisor	Dates Employed		
Company Name	Name: _____ Title: _____ Phone#: _____	From: _____ To: _____		
Company Name	Name: _____ Title: _____ Phone#: _____	From: _____ To: _____		
Company Name	Name: _____ Title: _____ Phone#: _____	From: _____ To: _____		
Company Name	Name: _____ Title: _____ Phone#: _____	From: _____ To: _____		
Office Use Only				
Today's Date:		Application Received by:		