

APPLICATION TO JOIN OUR TRIPLE O'S TEAM!

(Please Print)



LAST NAME		GIVEN NAME		HOME PHONE		MESSAGE	
ADDRESS				POSTAL CODE		EMAIL ADDRESS	
EDUCATION	SCHOOL ATTENDED	LOCATION	COURSE	GRADE COMPLETED OR DEGREE REC'D	YEAR COMPLETED		
High School							
University							
Other							

PREVIOUS EMPLOYMENT

NAME & ADDRESS OF FIRM (Begin with last or present employment)	IMMEDIATE SUPERVISOR (Name & Phone #)	POSITION HELD, DUTIES	FROM Mo. Yr.	TO Mo. Yr.	SALARY	REASON FOR LEAVING

CHECK (✓) IF YOU HAVE HAD EXPERIENCE OR TRAINING IN THE FOLLOWING:

- | | | | | |
|-------------------------------------------------|--------------------------------------------------|--------------------------------------------------|------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Food & Beverage Server | <input type="checkbox"/> Customer Service Skills | <input type="checkbox"/> Point-Of-Sale: Squirrel | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Dishwashing |
| <input type="checkbox"/> Greeter / Seater | <input type="checkbox"/> Sales Skills | <input type="checkbox"/> Point-Of-Sale: Other | <input type="checkbox"/> Food Processing | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Bartender | <input type="checkbox"/> Super Host | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Chef Training | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Serving It Right! | <input type="checkbox"/> Cash Handling | <input type="checkbox"/> Sales | <input type="checkbox"/> Food Safe | <input type="checkbox"/> Other: _____ |

Type of work desired: _____ Number of hours per week desired: _____ Date Available: _____

WHAT SHIFTS/DAYS CAN YOU WORK? (Please check (✓) all shifts you can work)							
	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Mornings							
Afternoons							
Evenings							

Have you any condition that could hamper you from performing any aspect of the job for which you have applied? Yes No If yes, give details.

Do you have a reliable means of transportation to and from work? Yes No

Are you legally permitted to work in Canada? Yes No

Are you of legal working age? Yes No

Have you previously been employed by White Spot or Triple O's? Yes No If yes, location/division: _____ Date: _____

Please turn over →

At Triple O's, our customers are our "guests". Please describe briefly why you should be selected to join our "Think Guest First!" team.

Explain specifically how your previous job experience and training will help you in the job you are applying for:

Personal references

"I CERTIFY THE INFORMATION I HAVE PROVIDED TO YOU IS COMPLETE AND ACCURATE. I GIVE MY CONSENT FOR YOU TO VERIFY THIS INFORMATION AND I UNDERSTAND THAT ANY OMISSION OR MISREPRESENTATION MAY BE GROUNDS FOR REJECTION OF MY APPLICATION OR FOR DISMISSAL. SHOULD I BE HIRED, I UNDERSTAND THAT I MUST PASS A PROBATION PERIOD DURING WHICH THE COMPANY MAY DISMISS ME IF IN THE COMPANY'S OPINION I AM NOT SUITABLE FOR EMPLOYMENT.

I HEREBY AUTHORIZE WHITE SPOT LIMITED, OR A FIRM DIRECTED BY IT, TO VERIFY THE PERSONAL INFORMATION I HAVE PROVIDED IN MY JOB APPLICATION, TO VERIFY ALL INFORMATION RELEVANT TO THIS APPLICATION, AND POTENTIAL EMPLOYMENT WITH WHITE SPOT LIMITED. THIS VERIFICATION CAN BE MADE BY PHONE OR IN WRITING TO EDUCATIONAL INSTITUTIONS, FORMER EMPLOYERS, OR MY PRESENT EMPLOYER, OR PEOPLE MENTIONED AS REFERENCES, PERSONAL INFORMATION OFFICERS AND FINANCIAL INSTITUTIONS. THIS CONSENT IS VALID FOR THE TIME FOR THE REVIEW OF MY JOB APPLICATION, AND IN THE EVENT THAT I AM HIRED, FOR THE DURATION OF MY EMPLOYMENT. I UNDERSTAND THAT THIS CONSENT ITSELF MAY BE PROVIDED TO OTHER ORGANIZATIONS IN THE COURSE OF CONSIDERING MY REFERENCES, AS PROOF THAT I HAVE CONSENTED TO THE COLLECTION OF MY PERSONAL INFORMATION FOR THESE PURPOSES."

If you are hired by the organization, we will administer your employee personal information pursuant to our Privacy Policy. A copy will be provided with your orientation package.

SIGNATURE: _____ DATE: _____

POST-HIRING DATA

To be completed only after position has been offered, and applicant has accepted.

Start Date: _____ Starting Wage: _____

Location: _____ Birthdate: (mm/dd/yy) _____

Initial Position: _____ Social Insurance Number: _____

▼ **Emergency Contacts** ▼

Name: _____ Address: _____ Phone: _____ Relationship: _____

Name: _____ Address: _____ Phone: _____ Relationship: _____