

Restaurant Management Application

(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 <small>(Begin with last or present employment)</small>	IMMEDIATE SUPERVISOR <small>(Name & Phone #)</small>	POSITION HELD, DUTIES	FROM <small>Mo. Yr.</small>	TO <small>Mo. Yr.</small>	SALARY	REASON FOR LEAVING

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

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> Food and Beverage Server
<input type="checkbox"/> Kitchen – Line Cook
<input type="checkbox"/> Service Manager/Leader
<input type="checkbox"/> Kitchen Manager/Leader
<input type="checkbox"/> Handling Guest Complaints
<input type="checkbox"/> Serving It Right!
<input type="checkbox"/> Food Safe
<input type="checkbox"/> First Aid | <input type="checkbox"/> Point-Of-Sale: Squirrel
<input type="checkbox"/> Point-Of-Sale: Other
<input type="checkbox"/> Computerized Food & Beverage
<input type="checkbox"/> Computer Skills
<input type="checkbox"/> Software: _____
<input type="checkbox"/> Software: _____
<input type="checkbox"/> Software: _____
<input type="checkbox"/> Typing Speed: _____wpm | <input type="checkbox"/> Staff Scheduling
<input type="checkbox"/> Payroll
<input type="checkbox"/> Labour Cost
<input type="checkbox"/> Food Cost
<input type="checkbox"/> F&B Ordering
<input type="checkbox"/> Forecasting
<input type="checkbox"/> Budgeting
<input type="checkbox"/> Cash Reconciliations | <input type="checkbox"/> Recruitment
<input type="checkbox"/> Training: on-the-job
<input type="checkbox"/> Training: small groups
<input type="checkbox"/> Correspondence
<input type="checkbox"/> Staff Incentives
<input type="checkbox"/> One-on-one Coaching
<input type="checkbox"/> Employee Relations
<input type="checkbox"/> Performance Reviews | <input type="checkbox"/> Leading Change Initiatives
<input type="checkbox"/> Community Involvement
<input type="checkbox"/> Local Store Marketing
<input type="checkbox"/> Courses: _____
<input type="checkbox"/> Courses: _____
<input type="checkbox"/> Courses: _____
<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____ |
|---|---|---|---|--|

Date Available _____	Have you any condition that could affect your ability to perform any aspect of the job for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details. _____
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Do you have a reliable means of transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally permitted to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you of legal working age? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you previously been employed by White Spot or Triple O's? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, location/division: _____	Date _____
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Please turn over →

At Triple O's, we have a "guest first" philosophy. Please describe briefly why you should be selected to help lead the "Think Guest First!" team in our restaurant.

Explain specifically how your previous job experience and training will help you in the restaurant management position 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: _____