



392 Graham Ave.  
 Winnipeg, MB R3C 0L4  
 P: 204-66TWIST  
 (204-668-9478)  
 F: 204-942-6354

# EMPLOYMENT APPLICATION

*Please complete entire application.*

## PERSONAL INFORMATION

(Please Print)

Name Last First Middle Social Insurance Number Date of Birth (MM/DD/YYYY)

Are you less than 18 years of age? Yes \_\_\_ No \_\_\_

Have you been convicted of a felony in the last seven (7) years? Yes \_\_\_ No \_\_\_

Are you legally eligible for employment in Canada? Yes \_\_\_ No \_\_\_

If Yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment.

Current Address Street City Province Postal Code

Permanent Address Street City Province Postal Code

Phone Number In Case of Emergency Call Relation

## POSITION APPLIED FOR

Position Date You Can Start

Specify hours available for each day of the week

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you able to work overtime? \_\_\_\_\_

## EDUCATION

Name and Address of School Graduated Subjects Studied and Degrees Received

High School		Y N	
University		Y N	
Post University		Y N	
Trade, Business, or Correspondence School		Y N	

## ADDITIONAL COMMENTS

\_\_\_\_\_

## OFFICE USE ONLY

Position: \_\_\_\_\_

Pay Rate: \_\_\_\_\_

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

**WORK HISTORY**

List below current and last three employers, starting with the most recent one first.  
Please complete even if you attach a resume.

Date (MM/DD/YYYY)

<b>1.</b>	From	To	Position	Reason For Leaving
Current Employer (Name and Address of Employer – Type of Business)			Salary or Hourly Starting _____ Ending _____ If hourly, average # hours/week _____	
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?
<b>2.</b>	From	To	Position	Reason For Leaving
Previous Employer (Name and Address of Employer – Type of Business)			Salary or Hourly Starting _____ Ending _____ If hourly, average # hours/week _____	
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?
<b>3.</b>	From	To	Position	Reason For Leaving
Previous Employer (Name and Address of Employer – Type of Business)			Salary or Hourly Starting _____ Ending _____ If hourly, average # hours/week _____	
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?
<b>4.</b>	From	To	Position	Reason For Leaving
Previous Employer (Name and Address of Employer – Type of Business)			Salary or Hourly Starting _____ Ending _____ If hourly, average # hours/week _____	
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?

**REFERENCES**

Give below the names of three professional references, whom you have known for at least one year.

Name	Address and Phone Number	Business	Years Known	Relation

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal. I hereby authorize Twist Café to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment.

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