



## APPLICATION FOR EMPLOYMENT

*Please complete entire form*

### Personal Information

First & Last Name <input style="width: 95%; height: 20px;" type="text"/>	Date (day/month/year) <input style="width: 95%; height: 20px;" type="text"/>
Are you 14 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> N	Do you have transportation to and from the café / marina? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally able to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address: <input style="width: 95%; height: 25px;" type="text"/>
Present address: Street City Province Postal Code: <input style="width: 95%; height: 50px;" type="text"/>	Permanent address: Street City Province Postal Code <input style="width: 95%; height: 50px;" type="text"/>
Phone Number Home: <input style="width: 95%; height: 25px;" type="text"/>	Phone number Mobile: <input style="width: 95%; height: 25px;" type="text"/>
<b>Desired Position</b> - Which season(s) are you applying for: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input checked="" type="checkbox"/> Both	
<b>Why would you be a valuable addition to our team?</b> Have you ever visited Harbourview Marina & Cafe? If yes, describe your experience. <input style="width: 95%; height: 60px;" type="text"/>	
Why would you like to work for Harbourview Marina or Cafe? <input style="width: 95%; height: 60px;" type="text"/>	
Describe a specific situation where you have provided excellent customer service. Why was this effective? <input style="width: 95%; height: 50px;" type="text"/>	
List skills you have that you think are important for working at Harbourview Marina or Cafe: <input style="width: 95%; height: 60px;" type="text"/>	



## APPLICATION FOR EMPLOYMENT (Cont.)

### Education

Name of School: <input style="width: 100%;" type="text"/>	
Did you Graduate Yet? <input type="checkbox"/> Yes <input type="checkbox"/> No If Y, Subjects studied, degrees/diplomas: <input style="width: 100%;" type="text"/>	
Last Year Completed: High School 6 <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4	Post Secondary <input type="checkbox"/> 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 4
<b>Employment:</b> <i>(Please list your last two employers starting with your most recent. Please include any non-paid/volunteer experience which is related to the job for which you are applying. Please complete even if you attach a resume)</i>	
From <input style="width: 100%;" type="text"/> Employer: <input style="width: 100%;" type="text"/> To <input style="width: 100%;" type="text"/>	From <input style="width: 100%;" type="text"/> Employer: <input style="width: 100%;" type="text"/> To <input style="width: 100%;" type="text"/>
Position/Title: <input style="width: 100%;" type="text"/>	Position/Title: <input style="width: 100%;" type="text"/>
Reason for Leaving <input style="width: 100%;" type="text"/>	Reason for Leaving <input style="width: 100%;" type="text"/>
Duties performed <input style="width: 100%;" type="text"/>	Duties performed <input style="width: 100%;" type="text"/>
Supervisor's Name <input style="width: 100%;" type="text"/>	Supervisor's Name <input style="width: 100%;" type="text"/>
Phone Number <input style="width: 100%;" type="text"/>	Phone Number <input style="width: 100%;" type="text"/>
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>References:</b> <i>Please provide names of 2 professional or personal references, who have known you for at least 1 year.</i>	
Name of Person <input style="width: 100%;" type="text"/>	Name of Person <input style="width: 100%;" type="text"/>
Address <input style="width: 100%;" type="text"/>	Address <input style="width: 100%;" type="text"/>
Phone Number <input style="width: 100%;" type="text"/>	Phone Number <input style="width: 100%;" type="text"/>
Business Name <input style="width: 100%;" type="text"/>	Business Name <input style="width: 100%;" type="text"/>
Years acquainted <input style="width: 100%;" type="text"/>	Years acquainted <input style="width: 100%;" type="text"/>
How do you know this person? <input style="width: 100%;" type="text"/>	How do you know this person? <input style="width: 100%;" type="text"/>
I hereby authorize Harbourview Marina & Cafe to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, and previous employers and organizations contacted by Harbourview Marina & Cafe to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired discipline up to and including dismissal. I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate Harbourview Marina & Cafe to hire me. I have read and fully understand this Harbourview Marina & Cafe application and I seek employment under these conditions.	
Date: <input style="width: 100%;" type="text"/>	Signature <input style="width: 100%;" type="text"/>
<b>Completed applications may be mailed to or dropped off in person at our address above, OR e-mailed to <a href="mailto:marinacafe@gosport.ca">marinacafe@gosport.ca</a></b>	