

APPLICATION FOR EMPLOYMENT

QUINSAM CROSSING SHELL

150 Brant Dr.
Campbell River, B.C.
V9H 1V8

First Name: _____ Middle Initial: _____ Last Name: _____
Street: _____ City: _____ Province _____ Postal Code _____
Phone #: _____ Cell #: _____ e-mail: _____

Position Applied For: _____

Days/Hours Available:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Education:

Name and Address of School – Degree/Diploma – Graduation Date:

Skills and Qualifications

Licenses,- Skills,- Training,- Awards

Employment History:

Present or Last Position:

Employer _____ Address _____ Supervisor _____ Title _____
Phone # _____ From _____ To _____

Responsibilities: _____

Reason for Leaving _____

Employer _____ Address _____ Supervisor _____ Title _____
Phone # _____ From _____ To _____

Responsibilities: _____

Reason for Leaving _____

Employer _____ Address _____ Supervisor _____ Title _____
Phone # _____ From _____ To _____

Responsibilities: _____ Reason for Leaving _____

Reference:

Any other information:

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature_____

Date:_____

OPTIONAL INFORMATION:

(applicant may fill in at their own discretion)

Status: Yes or No

Date Of Birth:_____