

Our success depends on our ability, as a team, to work together to achieve our goals and expectations.

Would you like to work on our team?

Please attach resume and references if available.

First Name	Middle Initial		Last Name	
Home Address	City, Province		Postal Code	
Home Phone Number	Cellular or Pager Number		The Best Time You Can be Reached	
Do you have reliable transportation to and from this location? [] Yes [] No Method of transportation: Bus[] Own Car[] Bicycle [] Friend / Relative []				
Are you legally entitled to work in Canada?		Are you bondable?		
Do you have a valid driver's license? [] Yes [] No		Do you have a criminal record?		
Have you ever worked for Pizza Hotline before? [] Yes [] No				

What kind of hours are you looking for? [] Full Time [] Part Time [] Temporary

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available							
For Work							
Start Time							
Finish							
Time							
Will you be available to work on Holidays? [] Yes [] No							

 What date are you available to start work?
 How long do you plan to keep this job?

 Do you enjoy working evenings?
 Yes [] No How did you learn about this position?

 Pizza Hotline asks all of our employees to sign a noncompetition, nondisclosure, and confidentiality agreement. Will you sign these agreements?
 I Yes [] No

 What type of job are you looking for? Cook [] Driver [] C.S.R [] Management [] Supervisor []
 What are your salary expectations?

 What location are you applying to work at?
 What are your salary expectations?

 What plans do you have for your future?

What is the highest grade you have completed?	What school did you obtain this education?		
What kind of Diplomas, Degrees or Certificates have you obtained?			
Why did you choose Pizza Hotline to be your employer?			
What do think is your best quality as an employee?			
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Is there anything about yourself you would like us to know?____



We want to know what you have done for other employers? What types of skills have you obtained in the work force? How well do you work with others?

Work experience (list most recent first)

Position	Date position started
	Date position ended
Employer	Address
Supervisor	Telephone
	E-mail
Beginning pay	Ending pay
Reason for leaving	May we contact this employer?
Responsibilities	
D	
Position	Date position started
	Date position ended
Employer	Address
g :	

Supervisor	Telephone
	E-mail
Beginning pay	Ending pay
Reason for leaving	May we contact this employer?
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I certify that all information provided in this application is accurate to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide information regarding my employment, education, character, and qualifications.