



EMPLOYMENT APPLICATION FORM

Steel Toad Brewing Company is an Equal Opportunity Employer. It is our policy to recruit, hire and promote for all job classifications and administer all personnel functions without regard to race, place of origin, colour, religion, ancestry, marital status, sexual preference, personal disability, sex or age.

PERSONAL INFORMATION

First Name		Last Name		Email Address	
Street Address				Home Phone	
City		Postal Code	Province	Mobile Phone	
What position(s) are you interested in? 1 st Choice: _____ 2 nd Choice: _____				Do you have a valid Social Insurance Number that allows you to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I was referred to Steel Toad Brewpub by: <input type="checkbox"/> Online <input type="checkbox"/> Walked In <input type="checkbox"/> Posting <input type="checkbox"/> Employee: _____ <input type="checkbox"/> Other: _____					
Are you legally entitled to serve alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No			Some positions may require heavy lifting (upwards of 25kg), are you capable of this? <input type="checkbox"/> Yes <input type="checkbox"/> No		

AVAILABILITY

Is your resume attached to this form? <input type="checkbox"/> Yes <input type="checkbox"/> No		When can you start work?	How many shifts per week would you like?				
What days are you available to work? (Please check all that apply)							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Please list below any skills you have that are relevant to the position(s) you are applying for: _____							

EDUCATION

School Level	Name and Location of School	Did you graduate?	Final Year	Degree/ Diploma
College/ University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Post Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT INFORMATION			
1. Company Name		Phone	Held From: To:
City	Job Title	Starting Pay \$	Ending Pay \$
Supervisors Name	Duties		
Reason for leaving?		May we contact the employer?	
2. Company Name		Phone	Held From: To:
City	Job Title	Starting Pay \$	Ending Pay \$
Supervisors Name	Duties		
Reason for leaving?		May we contact the employer?	
3. Company Name		Phone	Held From: To:
City	Job Title	Starting Pay \$	Ending Pay \$
Supervisors Name	Duties		
Reason for leaving?		May we contact the employer?	

CERTIFICATIONS	
<p>Serving It Right</p> <p><i>All service staff must obtain a Serving it Right Certificate before starting their employment.</i></p> <p>Certificate Number: _____</p>	<p>Food Safe</p> <p><i>All kitchen staff must obtain their Food Safe Level 1 within the first three months of employment.</i></p> <p>Food Safe Level 1 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Food Safe Level 2 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>First Aid</p> <p><i>First Aid is not a requirement, but is an asset.</i></p> <p>Institution: _____</p> <p>Expiry Date: _____</p>	<p>Bondability (for cash handling positions only)</p> <p><i>For all cash handling positions, being able to be bonded may be a condition of employment. Is there any reason why you would not be able to be bonded? (For example, you have been convicted for theft, fraud or shoplifting)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

I hereby certify that I have not withheld or misstated any material facts that might adversely affect my application for employment and that the answers given by me are true and correct. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapse before discovery.

Date: _____ Signature of Applicant: _____

