



## Employee Application Form

Full Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Last First Middle initial DD/MM/YYYY

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City Province Postal Code

Email: \_\_\_\_\_

Are you legally entitled to work in Nova Scotia?  Yes  No (if no, please do not submit your application)

Are you 19 years of age or older?  Yes  No  
(Due to liquor regulations, there are limited positions available for minors)

Do you have a friend or relative working for us:  No  Yes (if yes, who? \_\_\_\_\_)

Do you have a criminal record?  No  Yes (if yes, please attach current Criminal Records check)

### Formal Education

College Diploma  Some College Name of Program: \_\_\_\_\_

University Degree  Some University Name of Program: \_\_\_\_\_

Certificate Courses or Classes Name of Program: \_\_\_\_\_

Will you be returning to school soon?  No  Yes (if yes, when? \_\_\_\_\_)

### Industry Related Certifications

Food Safety Course \_\_\_\_\_ Valid Until: \_\_\_\_\_

First Aid Certification \_\_\_\_\_ Valid Until: \_\_\_\_\_

Other: \_\_\_\_\_ Valid Until: \_\_\_\_\_

**Past Employment**

Resume Attached?  Yes  No

(PLEASE START WITH YOUR CURRENT/MOST RECENT POSITION)

**1)** Place of Employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address/City: \_\_\_\_\_

Job Title/s \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

May we contact this employer to verify your employment  Yes  No Employer Phone # \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**2)** Place of Employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address/City: \_\_\_\_\_

Job Title/s \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

May we contact this employer to verify your employment  Yes  No Employer Phone # \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**3)** Place of Employment: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address/City: \_\_\_\_\_

Job Title/s \_\_\_\_\_

Starting Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Final Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Supervisor's Title \_\_\_\_\_

May we contact this employer to verify your employment  Yes  No Employer Phone # \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

**Other references** (beyond those names listed above):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

How they know you: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

How they know you: \_\_\_\_\_

## Your interest in the job

How many hours would you like to work per week? \_\_\_\_\_

Please write below how many of each type of shift would be ideal for you each week:

\_\_\_\_\_ Opens/Lunches

\_\_\_\_\_ Suppers/Closes

\_\_\_\_\_ Opens/Closes (Double) - (approximately 11-12 hours in duration with a break in between)

Please mark an X in the boxes next to the shifts you **would not** be available to work:

Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch	<input type="checkbox"/> Lunch
<input type="checkbox"/> Supper	<input type="checkbox"/> Supper	<input type="checkbox"/> Supper	<input type="checkbox"/> Supper	<input type="checkbox"/> Supper	<input type="checkbox"/> Supper

If hired, on what date would you be available to start work? \_\_\_\_\_

Why would you like to work at LannaThai Kitchen?

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Hobbies + Interests + Community Involvement

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I certify the information I have provided on this application is complete and accurate to the best of my knowledge. I authorize the LannaThai Kitchen to contact my above stated references to verify the information provided, and to obtain any other information relevant to this application. This consent is valid during the consideration of my application, and if I am hired, for the duration of my employment. I understand that incomplete or unsigned applications will not be considered and that false, incomplete or misleading statements are grounds for my immediate dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

Please deliver your application to the manager on-duty, or drop it in the mailbox near the front door. We appreciate all applications, however, only candidates who are offered an interview will be contacted.