**Fanny Bay Oysters**

 **Job Application Form**

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| --- | --- |
| Name: | Date: |
| Address: | Position applying for: |
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|  | Full Time |  | Part Time |  |
| Phone No.: | Birth Date: | Gender:  |  M |  F |
| Do you have your own transportation? | Y | N | When did you last attend school? |
| What School? | Level Completed: |
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| **Work Experience** (most recent to least recent) |
| Company Name: | Supervisor: |
| Company Address: | Phone No.: |
|  | Can we call for reference? |
|  |  |
| Job Position: | Start Date: |
|  |  End Date: |
|  |
| Reason for leaving: |
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|  |
| Company Name: | Supervisor: |
| Company Address: | Phone No.: |
|  | Can we call for reference? |
|  |  |
| Job Position: | Start Date: |
|  | End Date: |
| Reason for leaving: |
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|  |
| Company Name: | Supervisor: |
| Company Address: | Phone No.: |
|  | Can we call for reference? |
|  |  |
| Job Position: | Start Date: |
|  | End Date: |
| Reason for leaving: |
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| List Skills and/or Equipment Used (include any training/operating certificates) |
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| Spare time hobbies or interests: |
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| Have you ever had a WCB claim?  |
| If yes, please give details: |
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| Do you have any medical conditions, injuries, or health issues which could prevent you from |
| successfully doing any type of work? |
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| Have you ever been told to refrain from specific activities by a health professional? (i.e. doctor, nurse, |
| therapist, technician)  | YES |  NO |  |
| If yes, please provide details: |
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| What are your goals and expectations for employment? |
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| All of the information in this application is true and complete to the best of my knowledge. |
| Signature: | Date: |
| Shaded Portion for Fanny Bay Oysters  |
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