SWAAT Enterpri	ses ltd. APPL	ICA'	TION	I FO	RE	MPL	OYN	/IEN		
Date of Application	ate of Application Date Available to Start									
How did you hear of this opportunity?										
If you were referred, please give the name of the employee that referred you:										
MY AVAILABILITY & JOB POSITION (PLEASE CHECK ALL THAT APPLY)										
FELLOPICSITUGALS										
☐ Hostess	☐ Full-time								actinidates), etisi.	
☐ Food and	☐ Part-time		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Beverage Server							ļ			
	□ Seasonal	From				}		į		
Desk	to	·						1		
☐ Bowl Porter	1 (2) (E 2)								 	
☐ Prep Cook☐ Line Cook☐		То								
☐ Bartender		10								
Dartender 1			is Newson							
THE NAME OF THE PARTY OF THE PA										
First Name: Last Name:										
Street Address: City: Province: Province:										
City: Province: Postal Code: Home Phone #: (Cell Phone #: (Email:										
Are you legally eligible to work in Canada? YES \square NO \square Are you the age of majority? YES \square NO \square										
									, ₋	
MY ENELOYMING HISTORY										
Company:				Can we contact this company? YES NO						
Company:Supervisor:			Dates of Employment: Phone Number: ()							
Position/Duties:		****	Lilone	TVUITIDE:	ι. (<i>)</i>				
Reason for Leaving:			Starting Pay: Ending Pay:							
Current Witst Recent Lauthover 14 per 12 12 12 12			Can we contact this company? YES \square NO \square							
Company:			Dates of Employment:							
Supervisor:				Phone Number: ()						
Position/Duties:										
Reason for Leaving:			Startin	g Pay:	·····	End	ing Pay	·		
				Milita						
Please specify level of ed	ucation completed:									
What hobbies and/or active		ed in?	· · · · · · · · · · · · · · · · · · ·	***************************************					H-1-1	
	Providence de la companya de la comp	STATE OF THE PARTY						E/1891/79	V. 44 (S. 2000)	
List any references not given above. Please do not list relatives.										
NAME	OCCUPATION		1	LATIO				- NII IN 40	\	
TAVAINE	OCCOPATIO	JIN	I NE	LATIO	NONIP		PHONI	E NUME	SEK .	
					·			***************************************		
Please exclude any reference to any or	 rganization which could indicat	te race, relio	ion, marital	status, age	colour gen	der, ancestra	notitical h	eliefe cavus		
The undersigned acknowledges that the applicant as of the date hereof. The uninvestigation may be made with respe	lisability, mental disability, or had foregoing statements and infolenced for the following the foll	andicap. ormation fu es that for the undersigne	lly and truth ne purposes d hereby co	fully set for of determin nsents to SV	th the true a ing the suita	nd accurate	personal integration appropries	formation of topplied for, an	the	
and retaining such information and conducting further investigations with respect to relevant information. The undersigned further consents to the updating of this information from time to time as necessary.										
SIGNATURE										