



392 Graham Ave.
 Winnipeg, MB R3C 0L4
 P: 204-66TWIST
 (204-668-9478)
 F: 204-942-6354

EMPLOYMENT APPLICATION

Please complete entire application.

PERSONAL INFORMATION

(Please Print)

Name Last First Middle Social Insurance Number Date of Birth (MM/DD/YYYY)

Are you less than 18 years of age? Yes ___ No ___

Have you been convicted of a felony in the last seven (7) years? Yes ___ No ___

Are you legally eligible for employment in Canada? Yes ___ No ___

If Yes, list convictions that are a matter of public record (arrests are not convictions). A conviction will not necessarily disqualify you for employment.

Current Address Street City Province Postal Code

Permanent Address Street City Province Postal Code

Phone Number In Case of Emergency Call Relation

POSITION APPLIED FOR

Position Date You Can Start

Specify hours available for each day of the week

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are you able to work overtime? _____

EDUCATION

Name and Address of School Graduated Subjects Studied and Degrees Received

High School		Y N	
University		Y N	
Post University		Y N	
Trade, Business, or Correspondence School		Y N	

ADDITIONAL COMMENTS

OFFICE USE ONLY

Position: _____

Pay Rate: _____

Date: _____ Signature: _____

WORK HISTORY

List below current and last three employers, starting with the most recent one first.
Please complete even if you attach a resume.

Date (MM/DD/YYYY)

1.	From	To	Position	Reason For Leaving
Current Employer (Name and Address of Employer – Type of Business)			Salary or Hourly Starting _____ Ending _____ If hourly, average # hours/week _____	
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?
2.	From	To	Position	Reason For Leaving
Previous Employer (Name and Address of Employer – Type of Business)			Salary or Hourly Starting _____ Ending _____ If hourly, average # hours/week _____	
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?
3.	From	To	Position	Reason For Leaving
Previous Employer (Name and Address of Employer – Type of Business)			Salary or Hourly Starting _____ Ending _____ If hourly, average # hours/week _____	
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?
4.	From	To	Position	Reason For Leaving
Previous Employer (Name and Address of Employer – Type of Business)			Salary or Hourly Starting _____ Ending _____ If hourly, average # hours/week _____	
Duties Performed				
Supervisor's Name		Phone Number		May We Contact?

REFERENCES

Give below the names of three professional references, whom you have known for at least one year.

Name	Address and Phone Number	Business	Years Known	Relation

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal. I hereby authorize Twist Café to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment.

Date: _____ Signature: _____