

## **Employment Application**

Applicant Information								
Full Name:	Last	 First	Date:					
Addross:		FIISt						
Address:	Apt # Street Address		City	Province Postal Code				
Phone:		Er	nail:					
Are you lega	ally entitled to work in this country?	YES NO	Are you of legal working age	? YES NO				
Do you ha	ve your Alcohol Service Certification # or Food Safe Certification #?	YES NO	Do you have a reliable mean of getting to work?	s YES NO				
	_	Working With	Us					
Position App	plied For:shifts a week do you wish to work?		Date Available:					
	ny days or shifts you cannot work?	YES NO	·					
Have you ev	ver worked for Browns Socialhouse or a	an affiliated brand?	YES NO					
If yes, when	and where?							
Describe a (	great hospitality experience that blew yo	ou away within the la	st 3-months. What made it so	great?				
		Education						
High School	ol:		Location	:				
From:				? YES   NO				
Post-Secon From: Degree / D	•	:		? YES 🗌 NO 🗍				
Special Qu	ualifications:							



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Previous Employment								
Company:			Supervisor:					
Location:			Phone:					
Job Title:		From:		To:				
Responsibilities:								
Reason for Leaving:								
May we contact your previous supervisor for a reference? (Will not be contacted without consent)	YES	NO						
Company:			Supervisor:					
Address:			Phone:					
Job Title:		From:		To:				
Responsibilities:								
Reason for Leaving:								
May we contact your previous supervisor for a reference? (Will not be contacted without consent)	YES	NO						
If you have no previous employers, pleas	e supr	oly us with two refere	ences other	than family				
R	teferen	ices						
Full Name:			Relationship	p:				
Company:			Phone	e:				
Full Name:			Relationship	p:				
Company:			Phone	ə:				
Disclaim	er and	d Signature						
I certify that the information presented on this Employment A material omission will be grounds for dismissal. I consent to and personal information.	Applicat	ation is true and I unde						
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I certify that the information presented on this Employment A material omission will be grounds for dismissal. I consent to and personal information.  Signature:	Applicate this co	ation is true and I unde ompany making its usu	ual inquiries a	about my work experience				
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