

BREWSTERS

Brewing Company & Restaurant

For office use: **Date** / / 200_

Interviewed by: _____

Resume attached? Y ___ N ___

Ref. letter attached? Y ___ N ___

Information in this section must be complete to ensure processing of your pay remittance.

Last Name _____ Initial _____ First Name _____

Address Apt.# _____ Street: _____ City: _____

Postal Code: _____ Phone (home): _____ - _____ (cell) _____ - _____

E-mail address: _____ @ _____

S.I.N.: _____ - _____ - _____ Female _____ Male _____ Are you of legal age to serve liquor in Sask.? Yes / No

Are you a Canadian citizen.? Yes / No Position being applied for: _____

How long, have you been at your present address? Yrs. _____ Mos. _____

Where, was your previous address? _____

In case of an emergency on the job, who should we contact?

Last Name _____ Initial _____ First Name _____

Address Apt.# _____ Street: _____ City: _____

Postal Code: _____ Phone (home): _____ - _____ (cell) _____ - _____

Do you have a disability that would require accommodation in the workplace? Yes / No

Please identify accommodation _____

Education (Starting with the most recently attended)

School or Institute	Location	Name of Course	Dates of Study from/to	Did You Graduate?
_____	_____	_____	_____	Y ___ N ___
_____	_____	_____	_____	Y ___ N ___
_____	_____	_____	_____	Y ___ N ___

Have you completed any of the following courses offered in Saskatchewan?

Server Intervention Program Date of Completion _____

Safe Food Handlers Course Date of Completion _____

Saint John's Ambulance First Aid Course Date of Completion _____

CPR Date of Completion _____

Safety or Coaches Clinics Date of Completion _____

Other? _____ Date of Completion _____

Please complete reverse side

Work History (Starting with the most recent job)

Employer: _____ Address: _____
 Phone: _____ Position; _____
 Reason for leaving: _____ Wage rate: \$ _____ per _____
 Worked From: _____ To: _____

Employer: _____ Address: _____
 Phone: _____ Position; _____
 Reason for leaving: _____ Wage rate: \$ _____ per _____
 Worked From: _____ To: _____

Employer: _____ Address: _____
 Phone: _____ Position; _____
 Reason for leaving: _____ Wage rate: \$ _____ per _____
 Worked From: _____ To: _____

Work Availability

When can you start? _____

Availability (check all that apply)

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Day							
Night							

I was referred to this company: by a friend (please identify) _____
 by a Brewsters employee (please identify) _____ or ...

Newspaper	Agency	School	Internet	Word-of-mouth	Walk-in	Other
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Have you ever been employed at Brewsters before? Yes ___ No ___ Location _____

From: _____ To: _____

Have you ever been convicted of a crime? Yes ___ No ___ Have you ever been refused a fidelity bond? Yes ___ No ___

Probationary Employment Statement

Each employee, when beginning employment with Brewsters for the first time, will enter the equivalent of a three month first-time employment probationary period in which you will be given the opportunity to determine whether you are happy with your choice of company. This will also provide the company an opportunity to thoroughly appraise and determine if the employee is properly suited for the job. During this 90 day period, the employee may terminate their employment with no notice and will be compensated for all time worked. Also, during that 90 day period, the company may terminate any probationary employee and compensate him/her for any time worked up to the time of termination. At the end of the probationary period, an employee evaluation will be completed regarding the employee's competency, conduct, and attendance. Provided the performance is satisfactory, the employee will become a regular full/part-time employee.

I hereby certify that all answers given by me in this application are true and complete, and I understand that any false answers or statements made by me will be grounds for termination of employment. I also hereby consent to BREWSTERS obtaining personal references verifying any details of my education or previous employment. If employed, I understand that my employment may be contingent based on receipt of a social insurance number, verification of birth, criminal record check completion and any other pertinent information bearing upon my employment, and that my continued employment depends upon the will of BREWSTERS and myself.

Signature of Employee

Signature of Manager

Date