

APPLICATION FORM FOR MYSTER LAKE MOTOR HOTEL

DATE: _____

NAME: _____ TELEPHONE: _____

LAST FIRST INITIALS

ADDRESS: _____

NO. STREET CITY POSTAL CODE

POSITION APPLYING FOR: _____ WHEN AVAILABLE: _____

FULL-TIME _____ PART-TIME: _____ RATE DESIRED: _____

ARE YOU NOW EMPLOYED? _____ IF YES, WHERE: _____

LANGUAGES OTHER THAN ENGLISH SPOKEN: _____

EDUCATION

	NAME	CITY	FROM-TO	DIPLOMA/DEGREE
PUBLIC SCHOOL	_____			
HIGH SCHOOL	_____			

EXPERIENCE

PREVIOUS WORK EXPERIENCE (LIST LAST EMPLOYER FIRST)			
DATE	COMPANY & ADDRESS	POSITION	REASON FOR LEAVE
FROM:	NAME	TITLE	
TO:	ADDRESS	SUPERVISOR	
FROM:	NAME	TITLE	
TO:	ADDRESS	SUPERVISOR	
FROM:	NAME	TITLE	
TO:	ADDRESS	SUPERVISOR	

REFERENCES

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE CORRECT. SHOULD ANY STATEMENT BE PROVED INACCURATE, I UNDERSTAND THE EMPLOYER MAY CANCEL MY EMPLOYMENT.

DATE: _____ SIGNATURE: _____

FOR OFFICE USE ONLY

STARTING DATE: _____ DATE OF BIRTH _____ SIN _____

PROBATIONARY RATE: _____ FULL RATE: _____

THE PROBATIONARY PERIOD IS 90 DAYS. RATE INCREASES BEGIN AFTER 12 MONTHS , AND EVERY 12 MONTHS THEREAFTER UNTIL FULL RATE IS REACHED. THE WAIVING OF THE NOTICE REQUIREMENT. BY EMPLOYER OR EMPLOYEE. DURING THE PROBATIONARY PERIOD HAS BEEN EXPLAINED TO ME AND AGREED TO BY ME.

SIGNED: _____ WITNESS: _____