



SUN RIVERS LIMITED PARTNERSHIP

Application for Employment

Personal Information

First Name: _____ Initial: _____ Last Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Contact Information

Home Phone: _____ Cell Phone: _____

Email: _____ Preferred Contact Method: Phone _____ Email _____

What position are you applying for? _____

Do you have a valid driver's license? Yes _____ No _____

Are you enrolled in an apprenticeship program? Yes _____ No _____

If yes, which one? _____ Year completed? _____

Are you a member of First Nation? Yes _____ No _____

If yes, which one? _____

Are you available for weekend work? Yes _____ No _____

How did you hear about us? _____

For Server Positions

Are you 19 years of age or older? Yes _____ No _____

Do have valid certification to server alcohol? Yes _____ No _____

Work History - Complete the following or submit a current resume with your application

Current /most recent employer	
Dates held: mm/yy to mm/yy	To
Position held	
Brief description of duties	

Employer (2 nd most recent)	
Dates held: mm/yy to mm/yy	To
Position held	
Brief description of duties	

Employer (3 rd most recent)	
Dates held: mm/yy to mm/yy	To
Position held	
Brief description of duties	

Other information or certifications held

I hereby apply for employment. I confirm that the information on this form and any attached information or document is accurate and complete. I understand that any deliberate falsification on this form or omission of relevant information will result in the rejection of my application or, if I have already been hired, will result in the termination of my employment for just cause. I agree that the application and attached information and documentation may be retained, at management's discretion, for a period of six months. If hired, I agree to submit to a company medical examination if requested in order to determine my ability to perform the functions of the job for which I am applying, and I understand that any job offer is conditional upon my passing said medical examination. I also consent to Sun Rivers Limited Partnership or its subsidiary companies (collectively "Sun Rivers") obtaining a criminal records check on me (provided same is permitted in accordance with applicable laws), and I understand that any offer of employment will be conditional, subject to applicable laws, upon the results of the criminal records check being satisfactory to Sun Rivers. I authorize Sun Rivers to verify all information on this form. I also understand that all candidates may be required to attend a personal interview and may be requested to take related qualification tests and complete a more fulsome position-specific application form.

Signature: _____ Date: _____