

SIR CORP. HOURLY APPLICATION FOR EMPLOYMENT

In order for you to be considered for employment, this application must be filled out COMPLETELY. Please write "N/A" if information is not applicable. Résumés, though welcome, should not be submitted in place of the information requested below.

PLEASE PRINT

First Name	Middle Initial	Last Name	Today's Date		
Current Address:	Street/P.O. Box	Apt. #	City	Province	Postal Code
Emergency Contact:	Street/P.O. Box	Apt. #	City	Province	Postal Code
Day Phone No. ()	Evening Phone No. ()	Alternate Phone No. (<input type="checkbox"/> Beeper <input type="checkbox"/> Cell <input type="checkbox"/> Other _____) ()			
For which position are you applying?	<input type="checkbox"/> Bartender	<input type="checkbox"/> Busser	<input type="checkbox"/> Host	<input type="checkbox"/> Server	<input type="checkbox"/> Cocktail
	<input type="checkbox"/> Prep Cook	<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Line Cook	<input type="checkbox"/> Pantry	<input type="checkbox"/> Expeditor
	<input type="checkbox"/> Other				Date you are available for employment:
What is the minimum amount of money you need to make?			<i>Note: Statement of desired wage does not guarantee we will be able to meet your request.</i>		
\$ _____ /hour		\$ _____ /week			

1. Are you presently or have you ever been employed by any of our affiliated concepts? (Soul of the Vine[®], Brasserie Frisco[™], reds[®], Canyon Creek[®], Jack Astor's[®], Alice Fazooli's[®], Armadillo[®], Far Niente[®])..... Yes No
If yes, list restaurant: _____ Location: _____ Manager's name: _____
 2. Do you have the legal right to work in Canada? Yes No
If hired, can you submit documents to prove your legal right to work in this country? Yes No
 3. Are you of legal age to serve alcohol?..... Yes No
If hired, can you submit proof of age? Yes No
Have you passed provincial certification for alcohol service? (PIN # _____) Yes No
Have you been WHMIS certified? (Please provide proof if yes) Yes No
 4. I want to work: Part-time (10-24 hours/week) Full-time (25+ hours/week)
 5. Do you presently have a job that you intend to keep? Yes No
 6. Some shifts at our restaurants begin as early as 7 AM and end occasionally as late as 4 AM (Please see job description for more detail). Do you have adequate transportation to and from work for the days you are available?..... Yes No
 7. How many jobs have you held in the last two years?..... 0 1 2 3 4 or more
 8. How many jobs have you been terminated from?..... 0 1 2 3 4 or more
 9. In the table below, please indicate the days you **CAN** work. **List the earliest and latest times you CAN work.**
Please account for travel time to and from work. Being in uniform and ready to begin your shift on time is mandatory.
- | | MON | TUES | WED | THURS | FRI | SAT | SUN |
|-------------------------|-----|------|-----|-------|-----|-----|-----|
| Earliest time in | | | | | | | |
| Latest time out | | | | | | | |
10. What commitments do you have, or do you anticipate, that may affect your schedule (e.g., school, sports, outside interests)?

 11. Are you able to work holidays and weekends? Yes No
 12. We may conduct training on days, or at times, you have other obligations.
Is your schedule flexible so you may come to training?..... Yes No
 13. Are you interested in seasonal or permanent employment? Seasonal Permanent
(You may omit any information indicating legally protected characteristics (gender, religion, national origin, etc.).

14. Education

	Name and Location of School	Dates Attended	Last Grade Completed	Major/Speciality	Degree Received
High School		(Please leave blank)		(Please leave blank)	
University/Other		From _____ / _____ Month Year To _____ / _____ Month Year	(Please leave blank)		

15. Work History (List your last 3 jobs.)

	Current or Most Recent Job	Previous Job	Previous Job
Company Name			
Address			
Position and Job Duties (please describe)			
Name and Title of Immediate Supervisor			
Phone Number of Immediate Supervisor			
May we contact this person as a reference?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Dates of Employment	_____/_____/_____/_____ Month Year Month Year	_____/_____/_____/_____ Month Year Month Year	_____/_____/_____/_____ Month Year Month Year
Usual No. of Hours Worked per Week			
Reason for Leaving			
Hourly Earnings	\$ _____ \$ _____ Starting Ending	\$ _____ \$ _____ Starting Ending	\$ _____ \$ _____ Starting Ending

16. Personal References (other than immediate family):

	Name	Phone Number	Number of years known	Relationship
1.				
2.				

17. Do you understand the basic job requirements of the position applied for?..... Yes No
18. Have you read our *Welcome* brochure?..... Yes No
19. Can you perform the essential functions required by the job for which you are applying either with or without reasonable accommodations? Yes No
20. We have specific requirements for personal appearance, as described in our *Welcome* brochure. Are you willing to meet our requirements? Yes No

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW

I declare that I am qualified to perform all the duties of the position that I am seeking. I also declare that the information I have provided on this application is correct and that any false statements or omissions will justify my rejection or dismissal. I authorize the company to contact any of my previous employers as well as any reference source to verify the facts and information that I have furnished regarding my qualifications and character. I authorize any person(s) having knowledge to provide such information in good faith. I authorize SIR Corp. and its agents to verify any information related to my application or résumé.

SIGNATURE: _____ DATE: _____

I UNDERSTAND THAT MY APPLICATION WILL REMAIN ACTIVE FOR 30 DAYS FROM THE DATE RECEIVED.
SIR CORP. IS AN EQUAL OPPORTUNITY EMPLOYER.