Angelo's Garden Centre Employment Application Form

Position Applying for: _____

Full Time □ Part Time □ Seasonal Full Time □ Seasonal Part Time □ Days: 7-3 □ 10-6 □ Weekends □

Personal Information

Name: _____
First Last

Address: _____
Street Apt

_____
City Province Postal Code

Phone: _____ _____ _____
Day Time Evening Cell

Email: _____

Education

1) _____

2) _____

3) _____

4) _____

Experience

Name of Company: Type of Business:

_____ _____

Type of Work Done: Reason for leaving:

_____ _____

Employment Term:

_____ _____
Month/Year Month/Year

Name of Company: Type of Business:

_____ _____

Type of Work Done: Reason for leaving:

_____ _____

Employment Term:

_____ _____
Month/Year Month/Year

References

_____ _____
Name Telephone number

_____ _____
Name Telephone number

_____ _____
Name Telephone number