



EMPLOYMENT APPLICATION

DATE EE #

INTERVIEW DATE/TIME INTERVIEWER ORIENTATION DATE HERE

PERSONAL INFORMATION

NAME LAST FIRST MIDDLE YES NO RESUME ATTACHED

PRESENT ADDRESS STREET CITY PROV POSTAL CODE

PHONE NUMBER ADDITIONAL NUMBER SOCIAL INSURANCE NUMBER WILL BE REQUIRED UPON HIRING

HAVE YOU EVER BEEN EMPLOYED BY INTERCONTINENTAL PACKERS OR MITCHELL'S GOURMET FOODS? YES NO

IF "YES", WHEN? DATE DEPARTMENT

HAVE YOU EVER BEEN BONDED? _____ **HAVE YOU EVER BEEN DENIED A BOND ?** _____

EMPLOYEES OF MITCHELL'S GOURMET FOODS WITH WHOM YOU ARE ACQUAINTED

NAME	POSITION	RELATIONSHIP	YEARS KNOWN

AVAILABILITY

POSITION APPLYING FOR: **DATE AVAILABLE**

SUMMER ONLY **ARE YOU AVAILABLE TO WORK ANY SHIFT REQUIRED UPON HIRING?** YES NO

PERMANENT *THIS COULD MEAN DAYS, AFTERNOONS, MIDDNIGHTS, OR WEEKENDS

HAVE YOU EVER WORKED IN A MEAT PACKING PLANT BEFORE? WHERE?

HAVE YOU EVER WORKED ON AN ASSEMBLY LINE BEFORE? WHERE?

ADDITIONAL INFORMATION: _____

EDUCATION

TYPE OF SCHOOL	DATES ATTENDED MONTH - YEAR	SCHOOL NAME & ADDRESS	COURSE	GRADUATED		GRADE COMPLETED
				YES	NO	
HIGH SCHOOL	FR					
	TO					
BUSINESS TRADE OR TECHNICAL SCHOOL	FR					
	TO					
COLLEGE OR UNIVERSITY	FR					
	TO					

SKILLS & TRAINING

	EXPERIENCED	CERTIFIED		EXPERIENCED	CERTIFIED
TRAINING					
W.H.M.I.S. TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	PAINTER	<input type="checkbox"/>	<input type="checkbox"/>
OCC HEALTH & SAFETY	<input type="checkbox"/>	<input type="checkbox"/>	PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>
POWER WORKER -FORKLIFT	<input type="checkbox"/>	<input type="checkbox"/>	PIPEFITTER	<input type="checkbox"/>	<input type="checkbox"/>
1ST AID OR EMT TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	REFRIGERATION	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>	ELECTRICIAN	<input type="checkbox"/>	<input type="checkbox"/>
SKILLS			WELDER	<input type="checkbox"/>	<input type="checkbox"/>
BRICK LAYING	<input type="checkbox"/>	<input type="checkbox"/>	INDUSTRIAL MECHANIC	<input type="checkbox"/>	<input type="checkbox"/>
COMPUTER	<input type="checkbox"/>	<input type="checkbox"/>	KNIFE SKILL & LEVEL ATTAINED	<input type="checkbox"/>	<input type="checkbox"/>
CARPENTER	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT HISTORY

BEGIN WITH MOST RECENT EMPLOYER

1. COMPANY NAME		PHONE NUMBER	
ADDRESS		TYPE OF BUSINESS	
POSITION		SALARY	\$
DATES EMPLOYED	FROM:	TO:	
REASON FOR LEAVING			
DESCRIBE WORK PERFORMED			
CONTACT NAME:			

2. COMPANY NAME		PHONE NUMBER	
ADDRESS		TYPE OF BUSINESS	
POSITION		SALARY	\$
DATES EMPLOYED	FROM:	TO:	
REASON FOR LEAVING			
DESCRIBE WORK PERFORMED			
CONTACT NAME			

3. COMPANY NAME		PHONE NUMBER	
ADDRESS		TYPE OF BUSINESS	
POSITION		SALARY	\$
DATES EMPLOYED	FROM:	TO:	
REASON FOR LEAVING			
DESCRIBE WORK PERFORMED			
CONTACT NAME			

INTERESTS - HOBBIES - ANYTHING ELSE YOU MIGHT LIKE TO ADD

ADDITIONAL INFORMATION

DO YOU HAVE A DISABILITY WHICH WILL AFFECT YOUR ABILITY TO PERFORM ANY OF THE FUNCTIONS OF THE JOB WHICH YOU HAVE APPLIED? YES NO

IF "YES", WHAT ARE YOUR LIMITATIONS?

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AND UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR CANCELLATION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT. I AGREE THAT I WILL BE REQUIRED TO PAY A UNION JOINING FEE AND WEEKLY UNION DUES. I AGREE TO ABIDE BY ALL COMPANY REGULATIONS AND TO JOIN ALL COMPANY MANDATORY PLANS, WHEN QUALIFIED.

SIGNATURE OF APPLICANT:

DATE:

OFFICE USE			
EMPLOYEE BIRTHDATE	YEAR	MONTH	DAY