Submit your completed application PDF through our website @ https://littleshortstop.com/jobs



APPLICATION FOR EMPLOYMENT

Complete in Ink - Please Print - Answer All Questions Completely

LAST NAME		FIRST NAME			MIDDLE INITIAL		
STREET ADDRESS		APT.#		CITY	POSTAL CODE		
				(() -		
EMAIL ADDR	ESS			· · · · · · · · · · · · · · · · · · ·	TELEPHONE #	<i>‡</i>	
How long have y	ou resided at the	e address above	?A	re you over the	age of 15? YE	S 🗆 NO 🗆	
PREVIOUS ADD	DRESS					j?	
Please indicate Are you legally e Do you have an	how you would lil entitled to work in y relatives or friel	ke to be address · Canada? ·rds employed w	sed in correspondith Little Short St	YES	R	IS	
NAME Were you referre NAME	ed by a current L	RELA	ATIONSHIP Employee?	YE: STORE NUMB	WHERE? S □ NO□ ER/LOCATION_		
Have you been of If yes, describe	convicted of a cri in full:	minal offence fo	r which a pardon	HAS NOT bee	n granted? YE	S D NO D	
<u>AVAILABILITY</u>	<u> </u>						
Are you a stude	o work? FUL nt? es that you are av	YES □	NO □	ning times)			
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDA	
ТО	то	TO	ТО	ТО	то	ТО	
are you availabl EXPLAIN:	WEEKDAYS WEEKENDS e to work a varie	S? YES 🗆 N	O □ NIG	HT SHIFT? YE	ES NO ES NO ES NO		
	o work at a locati date will you be						
Do you have an	y experiences, sk	kills or qualificati	ons that would e	specially fit you	to work for Little	Short Stop?	
Nhy do you war	nt to work for Little	e Short Stop?					
What does a cu	stomer mean to y	/ou?					
	stomer mean to y						

EDUCATION						
Are you currently attending a	n institution of learning?		YES □ NO □			
Name of School:			Grade Level:			
	NAME AND LOCATION	ON	YEAR LEFT OR GRADUATED	TYPE OF CERTIFICATE, DIPLOMA OR DEGREE		
SECONDARY SCHOOL						
POST SECONDARY						
Do you plan any further educ If yes, please describe:		YES 🗆 NO 🗆				
EMPLOYMENT						
	PRESENT / LAST EMPLOYER	PREVIOUS EMPLOYER		PREVIOUS EMPLOYER		
NAME OF EMPLOYER						
ADDRESS						
CITY AND PROVINCE						
TYPE OF BUSINESS						
JOB TITLE						
PERIOD OF EMPLOYMENT FROM/TO	ТО		ТО	ТО		
NAME OF SUPERVISOR						
TELEPHONE NUMBER						
SALARY						
REASON FOR LEAVING						
DUTIES AND RESPONSIBILITIES						
Thank you for your interest in your application, however, we contacted within two weeks filled. We will retain your app	ve still require that all details you may assume that there	of the app are no pre	lication form be co	mpleted. If you are not		
CONSENT	and the continue that the second	n f a waa - 4!		witted by levy end I are a fo		
I authorize you to obtain such fa provide such additional informa true and complete to my knowle dismissal.	ation concerning my employmer	nt experiend	ce. I hereby declare t	hat the foregoing information is		

MANAGER'S SIGNATURE STORE APPLIED AT

DATE

SIGNATURE