



Tel. (250) 725-2526
 1180A Pacific Rim Highway
 Box 959, Tofino, British Columbia V0R 2Z0 Canada
 www.chocolatetofino.com • info@chocolatetofino.com

EMPLOYMENT APPLICATION

Please submit this application in person if possible with a current resumé.

Date of application: _____ Date available to start: _____

How did you hear about this opportunity? _____

If you were referred, please give the name of the team member that referred you: _____

MY AVAILABILITY & JOB POSITION (PLEASE CHECK ALL THAT APPLY)

POSITION	STATUS	MY HOURS OF AVAILABILITY							
			Mon	Tues	Wed	Thurs	Fri	Sat	Sun
<input type="checkbox"/> Customer Service <input type="checkbox"/> Chocolate <input type="checkbox"/> Gelato	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	FROM							
		TO							

Pay Expectations: _____

Preferred number of hours per week: _____

TELL US ABOUT YOURSELF

First name: _____ Last name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone #: (____) _____ Cell Phone #: (____) _____ Email: _____

Are you legally eligible to work in Canada? Yes No

MY EDUCATION AND ACTIVITIES

Please specify the highest level of education completed: _____

What hobbies and/or activities are you involved in? _____

Continued on reverse side...

MY EMPLOYMENT HISTORY

CURRENT / MOST RECENT EMPLOYER

Can we contact this company? Yes No

Company: _____ Start Date: _____ End Date: _____

Supervisor Name: _____ Phone #: (____) _____

Position / Duties: _____

Reason for leaving: _____ Starting pay: _____ Ending pay: _____

PREVIOUS EMPLOYER

Can we contact this company? Yes No

Company: _____ Start Date: _____ End Date: _____

Supervisor Name: _____ Phone #: (____) _____

Position / Duties: _____

Reason for leaving: _____ Starting pay: _____ Ending pay: _____

Have you ever worked at a Chocolate or Gelato Shop before? Yes No

If yes, where? _____

Position held: _____ Start Date: _____ End Date: _____

Why did you leave? _____

MY THOUGHTS ABOUT HOSPITALITY

What is important to you as a guest at Chocolate Tofino?

Making our guests happy is our number one priority. How would you help us make that happen?

MY REFERENCES

List any references not given above. Please do not list relatives.

NAME	OCCUPATION	RELATIONSHIP	PHONE NUMBER

The undersigned acknowledges that the foregoing statements and information fully and truthfully set forth the true and accurate personal information of the applicants as of the date hereof. The undersigned further acknowledges that for the purposes of determining the suitability of the undersigned for the position applied for, an investigation may be made with respect to relevant information. The undersigned hereby consents to Chocolate Tofino or its affiliates or agents collecting and retaining such information and conducting further investigations with respect to relevant information. The undersigned further consents to the updating from time to time, as necessary.

SIGNATURE: _____

DATE: _____