**Fanny Bay Oysters**

**Job Application Form**

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| Name: | | | | | | | | | | | | | Date: | | | | |
| Address: | | | | | | | | | | | | | Position applying for: | | | | |
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|  | | | | | | | | | | | | | Full Time |  | Part Time | |  |
| Phone No.: | | Birth Date: | | | | | | | | | | | | Gender: | | M | F |
| Do you have your own transportation? | | | Y | | N | When did you last attend school? | | | | | | | | | | | |
| What School? | | | | | | | | | | | | Level Completed: | | | | | |
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| **Work Experience** (most recent to least recent) | | | | | | | | | | | | | | | | | |
| Company Name: | | | | | | | | | Supervisor: | | | | | | | | |
| Company Address: | | | | | | | | | Phone No.: | | | | | | | | |
|  | | | | | | | | | Can we call for reference? | | | | | | | | |
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| Job Position: | | | | | | | | | Start Date: | | | | | | | | |
|  | | | | | | | | | End Date: | | | | | | | | |
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| Reason for leaving: | | | | | | | | | | | | | | | | | |
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| Company Name: | | | | | | | | | | Supervisor: | | | | | | | |
| Company Address: | | | | | | | | | | Phone No.: | | | | | | | |
|  | | | | | | | | | | Can we call for reference? | | | | | | | |
|  | | | | | | | | | |  | | | | | | | |
| Job Position: | | | | | | | | | | Start Date: | | | | | | | |
|  | | | | | | | | | | End Date: | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | |
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| Company Name: | | | | | | | | | | | Supervisor: | | | | | | |
| Company Address: | | | | | | | | | | | Phone No.: | | | | | | |
|  | | | | | | | | | | | Can we call for reference? | | | | | | |
|  | | | | | | | | | | |  | | | | | | |
| Job Position: | | | | | | | | | | | Start Date: | | | | | | |
|  | | | | | | | | | | | End Date: | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | |
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| List Skills and/or Equipment Used (include any training/operating certificates) | | | | | | | | | | | | | | | | | |
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| Spare time hobbies or interests: | | | | | | | | | | | | | | | | | |
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| Have you ever had a WCB claim? | | | | | | | | | | | | | | | | | |
| If yes, please give details: | | | | | | | | | | | | | | | | | |
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| Do you have any medical conditions, injuries, or health issues which could prevent you from | | | | | | | | | | | | | | | | | |
| successfully doing any type of work? | | | | | | | | | | | | | | | | | |
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| Have you ever been told to refrain from specific activities by a health professional? (i.e. doctor, nurse, | | | | | | | | | | | | | | | | | |
| therapist, technician) | YES | | | NO | | |  | | | | | | | | | | |
| If yes, please provide details: | | | | | | | | | | | | | | | | | |
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| What are your goals and expectations for employment? | | | | | | | | | | | | | | | | | |
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| All of the information in this application is true and complete to the best of my knowledge. | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | Date: | | | | | | | | | |
| Shaded Portion for Fanny Bay Oysters | | | | | | | | | | | | | | | | | |
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