



# RESTWELL SLEEP PRODUCTS

## APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_ Available Start Date: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Have you been referred?    Yes / No                      If Yes, by who? \_\_\_\_\_

AVAILABILITY AND JOB POSITION (PLEASE CIRCLE ALL THAT APPLY)								
POSITION	STATUS	HOURS OF AVAILABILITY						
		Sun	MON	TUES	WED	THRUS	FRI	SAT
Production	Full Time							
Textiles	Part Time							
Office / Sales	Days							
Shipping / Receiving	Nights							
Driving	Pay Expectations: _____				Lifting Capacity: _____			

### MY PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### EMPLOYMENT HISTORY

Current / Recent employer: \_\_\_\_\_ May we contact for Reference?    YES    NO

Company: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

### Previous Employer

May we contact for Reference?    YES    NO

Company: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Ending Pay: \_\_\_\_\_

### REFERENCES

Name	Occupation	Relationship	Phone Number

The undersigned acknowledges that the foregoing statements and information truthfully portray accurate information as of the date signed. The undersigned grants the user of this application form to contact any references listed above. Please do not include any reference to any organization which could include race, religion, marital status, age colour, gender, ancestry, political beliefs, sexual orientation, place of origin, physical disability, mental disability, or handicap.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE