



The Sharks Restaurant & Billiards Employment Application Form

- Full-time
- Summer
- Co-op
- Internship

How did you hear about Sharks Restaurant & Billiards?	Position(s) Sought
Are you over 21 years of age?	

General Information

First Name		Last Name	
Address until	No. Street	City	Province/State Postal Code
			Tel. E-mail
Permanent Address (if different from above)	No. Street	City	Province/State Postal Code
			Tel. E-mail
Are you legally eligible to accept employment in United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		Would you accept employment anywhere in United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
When are you available to start work?		Preferred Location(s) 1. 2. 3.	

Education

Post Secondary or other institutions attended. Begin with most recent.	Faculty, Department, Division, or School	Discipline or Program (Major)	Degree/Diploma/Certificate	Date obtained or expected

G.P.A. for your most recently completed academic year on a scale of (Percentage or letter equivalent:).

G.P.A. for all courses completed to date (cumulative average) on a scale of (Percentage or letter equivalent:).

Highlight skills relevant to the position(s) sought.

SUMMARY

Demonstrate your suitability for position(s) sought, by outlining your career objectives and elaborating on the factual material already presented. Show how your experience (educational, extracurricular and work) is relevant to the position(s), organization, and/or field of work for which you are applying.

Work Experience

Describe all work experience (paid and unpaid) starting with most recent.

Position City Duties:	Name of Organization Province/State Dates	<input type="checkbox"/> Summer <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
Position City Duties:	Name of Organization Province/State Dates	<input type="checkbox"/> Summer <input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
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I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of employment.

Date

Signature