

Previous Employment

Company Name: _____ Phone number: _____

Address: _____ Supervisor Name: _____

Job title: _____ From: _____ To: _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO If no, why: _____

Company Name: _____ Phone number: _____

Address: _____ Supervisor Name: _____

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References

Name	Title	Company	Phone number

Disclaimer and Signature

I certify that all information provided in this application is accurate and complete to the best of my knowledge, and I understand that intentionally providing false information could result in refusal of employment or discharge. I also authorize the employers, schools, organizations, or persons named above to provide.

Name (please print)	Signature:	Date:

Once application form is done, please send the form together with the following at info@royalcas.ca:

1. Resume
2. Security License Front & Back
3. CPR/ First Aid Training
4. Work Permit/ Study Permit (if it applies)