

**THOSE LITTLE DONUTS, INC.**  
**Employment Application and Contract**

*Please print legibly*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Age: \_\_\_\_\_ SIN number: \_\_\_\_\_  
Home phone (include area code): \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Address (street # and name, suite or apt #, city, province, postal code): \_\_\_\_\_

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Permanent address (for T4s in January, if applicable, and for future employment opportunities), if different from above: \_\_\_\_\_

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In case of an emergency, whom should we contact?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

If referred by a friend, who? \_\_\_\_\_

Do you have any medical conditions that would prevent you from working? \_\_\_\_\_

Education level completed \_\_\_\_\_ Highest math level completed \_\_\_\_\_

What means of transportation will you be using to get to the Ex? \_\_\_\_\_

**AVAILABILITY:**

Do you have another job? \_\_\_\_\_ If so, where? \_\_\_\_\_

Schedule for other jobs: \_\_\_\_\_

Can you work past midnight? \_\_\_\_\_ What is the latest time you can work? \_\_\_\_\_

Is your schedule flexible (can you work any time)? \_\_\_\_\_

Do you require any days off? If so, which dates? \_\_\_\_\_

Do you prefer days (morning to afternoon), afternoons, or night shifts? \_\_\_\_\_

What times are you available on the following days?

Monday / Tuesday: \_\_\_\_\_ / \_\_\_\_\_

Wednesday / Thursday: \_\_\_\_\_ / \_\_\_\_\_

Friday / Saturday / Sunday (Fridays, Saturdays, and Sundays are mandatory unless otherwise approved off): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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**TERMS AND CONDITIONS:**

1. I agree to be paid the minimum wage as mandated by my province.
2. I agree to have read the provided Policy Guide in advance of my first shift and to adhere to it.
3. I agree that I will be charged \$12.00 for a lost or unsuitable uniform T-shirt, and \$8.00 for a hat.
4. I agree to follow the instructions of my supervisors and to abide by relevant health, safety and labour codes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY: Supervisor's rating and comments \_\_\_\_\_

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