



Garden City Growers Employment Application

Please complete this form in full. Mail or fax to:

ATTN: Human Resources
405 Concession 5, R.R. #4
Niagara-on-the-Lake
Ontario L0S 1J0

Fax: 905-685-1092

Date: _____

Name:	_____		
Address:	_____		
City:	_____		
Province:	_____	Postal:	_____
Phone:	_____	Email:	_____

Application Information:

Position Applied For:	_____		
Hours Available:	_____		
Term Applied For:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Seasonal
Do you have reliable transportation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Employment Experience:

Time lapsed since last position:	_____
Length of term of last employment:	_____
Briefly describe some of your responsibilities in your previous employment:	

Are there any special skills you have which you want to make aware?

What personal attributes do you feel you can bring to the work place?

Reference #1:

Name:	_____
Company:	_____
Phone:	_____

Reference #2:

Name:	_____
Company:	_____
Phone:	_____

Education:

Highest level of education completed:	_____
Name of High School:	_____
Name of College/University:	_____

Other Comments: