



Wendy's Restaurants of Canada Inc.
Wendy's is an equal opportunity employer.



APPLICATION FORM

ONTARIO

Please print

PERSONAL INFORMATION

Name (Last)	(First)	(Middle)	Date	/	/		
Home Address		City	Province	Postal Code			
Home Telephone ()	Business or Cell Telephone ()	Email Address	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position Applying For	Date Available / /	Are you interested in (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer					
Days and hours available. Complete if applying for an hourly paid restaurant position.							
Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
To							
How were you referred to Wendy's?							

Legal

Are you legally entitled to work in Canada? Yes No

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No If yes, please explain the offence and final disposition:

Are you of legal minimum age to accept employment in this province? Yes No

Have you previously worked for Wendy's or any of its subsidiaries? Yes No If yes, please complete the following:

Name _____ Location _____

City & Province _____ Position Held _____

Supervisor _____ Dates Employed: From _____ To _____

Reason for leaving _____

EDUCATION

Highest grade or level completed _____ Diploma/Degree obtained _____

Other certificates, courses, workshops, seminars _____

EMPLOYMENT HISTORY

List employment starting with your most recent position. Indicate any time during this period that you were unemployed.

May we contact your present employer? Yes No Past employer? Yes No Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD & SUPERVISOR	LIST MAJOR DUTIES	SALARY/WAGES	REASON FOR LEAVING
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ / _____ mo. yr.	Province _____ Phone _____ ()				
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ / _____ mo. yr.	Province _____ Phone _____ ()				
From: _____ / _____ mo. yr.	Name _____ Address _____ City _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ / _____ mo. yr.	Province _____ Phone _____ ()				

REFERENCES

Business references: (do not list relatives) Please indicate if you were employed under a different name.

Name of Reference	Relationship	Company	Work Phone No.	Years Known
			()	
			()	
			()	

PLEASE READ CAREFULLY

I hereby declare that the foregoing information and the resume I submitted (if applicable) is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal for cause.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE SIGNED