## Peter Knippel Nursery Inc.

## **Application for Employment**

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Personal Information											
Name											
Address				City			Province		Postal Code		
Phone Number				Email Address							
Are you eligible to work in Canada?				Are you willing to work vari			varie	·			
Yes		Yes No [					Yes 🗌	No 🗌			
Language English: Read / Write / S			Speak								
Position											
Position You Are Applying For				Preferred start date							
1 contain 1 cu / tie / tpp/ying 1 ci											
Employment Desired,											
☐ Full Time			☐ Part Time ☐ Either								
Shift Availability											
	N	Monday	Tuesday	٧	Vednesday	Thu	ırsday	,	Friday	Saturday	Sunday
From											
То											
Education											
Level completed School na			ame			Degree/Diploma Received		Major/Field of Study			
High School											
College/University											
College/University											
Other											
References											
Name			Title			Company		Phone			

Employment	History				
Employer		Job Title		Length of employment	
			I		
Description of respon	sibilities and job duties in this pe	losition			
Employer		Job Title		Length of employment	
Description of respon	sibilities and job duties in this po	 			
Description of respon	Sibilities and job addes in this p	OSITION			
Employer		Job Title		Length of employment	
Description of respon	sibilities and job duties in this p	losition			
What interests yo	u about this opportunity a	t Peter Knippel Garder	n Centre?		
What makes you	qualified for this role?				
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What was your favourite past job and why? (If this would be your first job, what has been your favourite area of study or volunteer experience so far?)					
or study or volunt	eer experience so iai : j				

What 5 words would you use to describe yourself?
Is there anything else you would like us to know about you?
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Do you know anyone presently employed by Peter Knippel Nursery?
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Signature Disclaimer
I hereby certify that the above information is true and complete to the best of my knowledge. I understand that providing any false
misleading, or incomplete information is grounds for immediate discharge from employment. I authorize Peter Knippel Nursery, Inc to investigate the accuracy and completeness of this information, unless otherwise requested. I release from all liability or damage
those individuals or corporations who provide information relating to my employment and character. I authorize a credit and/o
personal information investigation to be made at any time as it is relevant to my employment.
Name (Please Signature
Print)
Date
Thank you for your interest in employment with Peter Knippel Nursery, Inc.
We will review your qualifications and contact you if you have been selected for an interview.