flex
mussels. inc
Peake's Wharf
Charlottetown

flex mussels, inc.
2 lower water street
Charlottetown, PEI
902-569-0200

Personal Information **POSITION APPLIED FOR_____**

First Name		**Last Name**
Number **Street**		
City		**Province**
Home Phone #	**Cell / Mobile #**	**email**
Languages Spoken		**Emergency #**
Date of Birth **/ day /** **/ month /** **/ year / 19___**		**Check:** **I am 19 now___** **/** **I will turn 19 before October___**
Social Insurance Number **_____/_____/_____**		**I am Seeking:** **FULL TIME _____ PART TIME _____**

Employment History

Most Recent Employer	**Position Held**
Contact Person	**Contact Phone Number**
Reason for leaving	**Employed from _____/_____ to ___ ____/_____** **month / year** **month/year**
Previous Employer	**Position Held**
Contact Person	**Contact Phone Number**
Reason for leaving	**Employed from _____/_____ to ___ ____/_____** **month / year** **month/year**
Previous Employer	**Position Held**
Contact Person	**Contact Phone Number**
Reason for leaving	**Employed from _____/_____ to ___ ____/_____** **month / year** **month/year**

Education / Skills

High School	**Level Achieved**	**Date of Completion**
University	**Level Achieved**	**Date of Completion**
Other Studies	**Level Achieved**	**Date of Completion**

Please use this space to list any other skills or interests that you feel would be beneficial to your employment; artistic abilities, computer knowledge, etc

Availability

I am available on these days:	FROM	TO
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

The following are days this summer I CANNOT WORK

(You will be expected to be available on Canada Day, July 1st)

Date	Reason / Event
Date	Reason / Event
Date	Reason / Event
Date	Reason / Event
Date	Reason / Event
Date	Reason / Event
Date	Reason / Event
Date	Reason / Event

I hereby certify that the information contained in this application form is true to the best of my knowledge and I am aware that any false declarations may lead to immediate dismissal. I allow flex mussels, inc. to verify and confirm any and all references or past job experience with previous employers.

Name_____ **Signature**_____**Date**_____

First Last