The Northern Gentleman's Club								
We are an Equal Opportunity Employer								
General Information								
Last Name			First Name, Middle Initial					
Address until	No.	Street	Tel.					
	City	Province/State	Postal Code E		E-mail	E-mail		
Permanent Address	No.	Street	Tel.					
(if different from above)	City	Province/State	Postal Code		E-mail			
When are you ava	ilable to start work?							
Position Desired								
		Educati						
Post Secondary attended. Begi	or other institutions n with most recent.	Faculty, Department, Division, or School	Discipline or Program (Major)		gree/Diploma/ Certificate	Date obtained or expected		
G.P.A. for your mo	ost recently completed ac	cademic year on a scale of	(Percentage or letter e	quivaler	nt:).			
G.P.A. for all cours	ses completed to date (c	umulative average) on a sca	ale of (Percentage or le	tter equ	ivalent:).			
Highlight skills rele	evant to the position(s) so	ought.						

		Work Experience			
Describe all work experience	e (paid and unpaid) starting	g with most recent.			
Position		Name of Organization		Summer	
City	Province/State	Dates		☐ Part-time (# of hours/wk)
Duties:				☐ Co-op ☐ Internship ☐ Volunteer ☐ Full-time ☐ Other: (specify)	
Position		Name of Organization		Summer	
City	Province/State	Dates		☐ Part-time (# of hours/wk)
Duties:				☐ Co-op ☐ Internship ☐ Volunteer ☐ Full-time ☐ Other: (specify)	
Position		Name of Organization			
City	Province/State	Dates		☐ Summer ☐ Part-time (# of hours/wk)
Duties:				Co-op Internship Volunteer Full-time	,
				Other: (specify)	
References		List 3 persons not related to yo	u		
<u>Name</u>	<u>Address</u>	Phone #	<u>Position</u>		
1.					
2.					
3.					

Summary
Demonstrate your suitability for position(s) sought. Show how your experience (educational, extracurricular and work) is relevant to the position(s), organization, and/or field of work for which you are applying.
I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of employment.
Data
understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of employment. Date Signature

Release of information for background check

AUTHORIZATION

NAME

I authorize investigation on all statements contained in this application and understand that any misrepresentation of information is immediate grounds for dismissal. I further understand that my potential employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated at any time with cause and without any previous notice.

I also give permission to Ferny Properties, LLC, DBA the Northern, to run a complete background investigation on my employment, personal, and criminal history. I further agree that I will NOT hold them liable for any dissemination of such information.

First	Middle	Last	
Address			
Date of Birth			
Social Security Number _			
Drivers License Number			
Phone Number			
Signature			
Date			
MGR			

My Availability is this:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	1		1	1		

And My Dream Schedule looks like this:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

And I Absolutely need these days off, and why: