



20825 Swenson Drive, Suite 150 • Waukesha, WI 53186  
 Tel: 888-467-8796 • Fax: 807-467-8764  
 Email: [ryancoulis@northstarresort.ca](mailto:ryancoulis@northstarresort.ca)  
[www.northstarresort.ca](http://www.northstarresort.ca)

**PERSONAL INFORMATION**

**Position Applying For:**

Name:	Date: / /	
Mailing Address:		
City:	Province	Postal Code
Home Phone:	Cell Phone:	
Referred By:		
Date of Birth: / /	SSI#:	
Email:		

- Guide
- Mechanic
- Chef
- Assistant Chef
- Housekeeping
- Dining Staff
- Bartender
- Kitchen Assistance

**EDUCATION**

Highest School Grade Completed	Did You Graduate: <input type="checkbox"/> YES <input type="checkbox"/> NO	GED: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: / /
College/University:	Province		
Name & Address			
Major Field of Study:	Degree/Diploma:		
Trade/Technical School:			
Name & Address:			
Major Field of Study:	Degree/Diploma:		

**SKILLS AND EXPERIENCE**

Please list any special qualifications, training, skills or experience you feel warrants consideration by the company:

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Please list any equipment operating abilities you have which might be useful on the job for which you are applying:

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**LEGAL:**

Have you ever been arrested or convicted of a crime other than a routine traffic violation? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, date of arrest or conviction: / / Please Explain:
Have you ever filed for bankruptcy: <input type="checkbox"/> YES <input type="checkbox"/> NO Are you responsible for any child support or alimony: <input type="checkbox"/> YES <input type="checkbox"/> NO

**WORK EXPERIENCE:**

Name of Present or Last Employer:		Type of Business:	
Mailing Address:		Province	Postal Code:
Phone:		Name of Supervisor:	
Job Description & Duties:			
Start Date (Mo/Yr)	/	End Date (Mo/Yr)	/
Starting Salary:		per Hr/Wk	Final Salary:
Why did you leave?			
If we contact this employer, would you expect them to say they would rehire you for the position you held? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Previous Employer:		Type of Business:	
Mailing Address:		Province	Postal Code:
Phone:		Name of Supervisor:	
Job Description & Duties:			
Start Date (Mo/Yr)	/	End Date (Mo/Yr)	/
Starting Salary:		per Hr/Wk	Final Salary:
Why did you leave?			
If we contact this employer, would you expect them to say they would rehire you for the position you held? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Previous Employer:		Type of Business:	
Mailing Address:		Province	Postal Code:
Phone:		Name of Supervisor:	
Job Description & Duties:			
Start Date (Mo/Yr)	/	End Date (Mo/Yr)	/
Starting Salary:		per Hr/Wk	Final Salary:
Why did you leave?			
If we contact this employer, would you expect them to say they would rehire you for the position you held? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you fired? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Signature

Date