

GARDEN PROTEIN INTERNATIONAL EMPLOYMENT APPLICATION (US)

Applicant Information

Last Name: _____ Middle Initial: _____ First Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Have you worked at Garden Protein International before? No Yes
 If yes, when and what was your reason for leaving: Reason: _____

Social Security Number: _____

Are you legally eligible to work in the United States of America: Yes No

Have you been convicted of a criminal offense that a pardon has not been granted for? If yes, please explain: No Yes
 Reason: _____

Position

Position Applying for: _____

Are you interested in: Full-Time Part-Time

How did you learn about this opportunity: _____

If you have been referred by a current Garden Protein International employee, please indicated their first and last name: _____

Availability

Date Available to Start (dd/mm/yy): _____

Please indicate below which days you are available.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Internal Use Only
 Date Received: _____
 Resume Attached: Yes No

Education

Institution Type	Institution Name	Completion Date	Name of Certificate/Degree/Diploma	Completed
High School				<input type="checkbox"/> Yes
Post Secondary				<input type="checkbox"/> Yes
Post Secondary				<input type="checkbox"/> Yes

Work Experience & Reference Check Consent

Begin with most recent work experience. Please complete all sections.

Company: _____	Date of Employment: _____
	Start End
Position: _____	Salary: Start: \$ End: \$
Supervisor Name: _____	Reason For Leaving: _____
Reference Name: _____	Reference Phone: _____
May we contact your reference and employer : <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company: _____	Date of Employment: _____
	Start End
Position: _____	Salary: Start: \$ End: \$
Supervisor Name: _____	Reason For Leaving: _____
Reference Name: _____	Reference Phone: _____
May we contact your reference and employer : <input type="checkbox"/> Yes <input type="checkbox"/> No	

Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time. I certify the rights for Garden Protein International to perform reference check on references provided and contact previous employers indicated above.

Candidate Signature: _____

Date: _____

Submit your application, along with your resume, to: hr@gardenprotein.com or fax (604) 278-8238

We are an equal opportunity employer
Thank you for your interest in Garden Protein International, *where goodness grows.*