



hell's gate airtram inc.

P.O. Box 129
Hope, B.C., Canada V0X 1L0
Telephone: (604) 867-9277
Fax: (604) 867-9279

Date _____

Website: www.hellsgateairtram.com
E-mail: team@hellsgateairtram.com

Application for Employment

***** Please fill in all fields. Incomplete submissions could delay in processing information. *****

Telephone _____

Surname _____ Given Name _____ Social Insurance No. _____

Present Address _____ City _____ Postal Code _____

Permanent Address _____ City _____ Postal Code _____

Do you have any health restrictions? _____

Position desired: please list your position in order of preference on a scale of 1 to 5 with 1 being top choice and 5 being least interested

Tram Operator _____ Fudge Factory _____ Gift Shop Retail _____ Restaurant _____ Maintenance _____

Are you presently employed? _____

If so, provide company address and supervisor _____

List your educational background:

School/Institution	Studies	Years	Graduation Date

Do you speak French or any other languages - Fluently _____

Partly _____

Do you have any experience dealing with the public? _____

Do you have any of the following - Super Host _____ First Aid _____ Food Safe _____ Serving It Right _____

Have you any tourist related or public relations work experience? If so explain fully _____

List if any, your experience of dealing in a cash flow environment. Cash register, bar code scanning terminal, or any other means of exchanging currency. _____

Why would you like to work at Hell's Gate Airtram? _____

If you are a student and you were to be hired, date you can start: Day _____ Month _____ Year _____

Last day you can work: Day _____ Month _____ Year _____

Have you ever done any public speaking? If so, relate your experience _____

Please list former employers, starting with the last one first:

Date/Month Year	Company/Address/Telephone	Position	Supervisor	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

In 100 words or less, give an outline of any special interest, activities or functions you participate in:

I authorize all statements on this form to be true. I understand that any misrepresentation or lack of information could lead to dismissal.

Date _____ Signature _____