

RECEPTIONIST APPLICATION FORM

DATE: _____

RECEPTIONIST INFORMATION:

NAME _____

S.I.N.# _____

ADDRESS: _____
Street

DATE-OF-BIRTH ____/____/____
MO DAY YR

City

_____/_____
Province Postal Code

PHONE# (____)____-____

START DATE: ____/____/____
MO DAY YR

RATE OF PAY: \$ _____

MANAGER INFORMATION:

MANAGER _____ OFFICE LOCATION _____

OFFICE# _____ MGR SIGNATURE _____

NOTE: THIS MUST BE SIGNED BY A MANAGER