



150 Elgin Street, Ottawa, Ontario K2P 1L4
Phone 613-238-7063

APPLICATION FOR EMPLOYMENT

Name:	Date of Application:
Address:	Position Sought:
City/Province:	Home Phone# /Cell#:
Postal Code:	Email address:
Social Insurance #:	Can you work full time?
Please note any restrictions on your time:	
Which restaurant POS systems have you used:	
Please list the 3 restaurants you have most recently worked in:	
1.	
Name	City
Position held	Dates
2.	
Name	City
Position held	Dates
3.	
Name	City
Position held	Dates
Please list any jobs (besides those above) that have been helpful in the development of your skills:	
1.	
Name	City
Position held	Dates
2.	
Name	City
Position held	Dates
3.	
Name	City
Position held	Dates
Which of the above restaurants taught you the most about hospitality? Why?	
Which of the above restaurants taught you the most about wine and food? Why?	
Which of the above restaurants would you be proudest to run?	
The least proud to run? Why?	
Which restaurants have you left by choice? Why?	
Which restaurants chose to let you go? Why?	
over ⇨	

What did you learn from these experiences?

How will your next job have to be different from you last/present job to make it more challenging to you?

What do you like most about working in restaurants?

Which aspects do you enjoy least?

Name the last 3 restaurants in which you have dined and why you chose them.

With all the restaurants in Ottawa, why do you feel Beckta is the right one for you?

Which of your personal assets make you uniquely qualified to work at Beckta?

How do you define "Great Service"?

What course do you see your restaurant career following in the next 5 years?

What activities or goals do you pursue outside the restaurant business?

How has your sense of humour been valuable to you in the restaurant business?

To help us get to know you better, please rank yourself on a scale of 1-10 in the following areas?

- | | | | |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> wine knowledge | <input type="checkbox"/> team player | <input type="checkbox"/> service finesse | <input type="checkbox"/> food knowledge |
| <input type="checkbox"/> salesmanship | <input type="checkbox"/> friendliness | <input type="checkbox"/> physical stamina | <input type="checkbox"/> beer knowledge |
| <input type="checkbox"/> perserverance | <input type="checkbox"/> handwriting | <input type="checkbox"/> computer skills | <input type="checkbox"/> phone skills |

Please give us the names and current phone numbers of 2 of your past restaurant employers who can give us an accurate perspective on you as a potential employee of our restaurant.

1.

Restaurant name	Supervisor's name and position	Phone #
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2.

Restaurant name	Supervisor's name and position	Phone #
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Signature: _____ Date: _____

Thank you for taking the time to fill out our application!