



Boston Pizza Uxbridge

NEW EMPLOYEE INFORMATION

EMPLOYEE NAME _____

EMPLOYEE ADDRESS _____

TELEPHONE _____

CELL PHONE _____

EMAIL _____

BIRTHDAY _____

SOCIAL INSURANCE NUMBER _____

SMARTSERV # _____

FIRST AID Expiry Date _____

FOOD SAFETY # & jurisdiction _____

EMERGENCY CONTACT #1 _____

EMERGENCY CONTACT #2 _____

UNIFORM SIZES

SERVER SHIRT _____

LOUNGE SHIRT _____

PANTS _____

HOH JACKET _____

AVAILABILITY

DAY	START	STOP
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

EMPLOYEE SIGNATURE _____

DATE _____

OFFICE USE ONLY

EMP# _____ POSI _____ FD _____ LD _____ R _____