

APPLICATION FOR POSITION OF MASHGIACH



DATE: _____

NAME: _____

ADDRESS: _____

POSTCODE _____

PHONE #: _____

CELL #: _____

BIRTHDATE: _____

AGE: _____

MARITAL STATUS _____

SOCIAL INSURANCE NUMBER: _____

DO YOU POSSESS A CANADIAN WORKING PERMIT: _____

ARE YOU CURRENTLY RECEIVING ANY GOV'T BENEFITS: (IF YES, SPECIFY) _____

SEEKING FULL-TIME OR PART-TIME POSITION: _____

LANGUAGES SPOKEN: _____

SHUL AFFILIATION: _____

TORAH EDUCATION TRAINING: _____

PREVIOUS KASHRUT EXPERIENCE: (list name, address & phone # of company, position, years of service and supervisor.)

PREVIOUS WORK AND/OR RELATED EXPERIENCE: (list information in same format as above.)

DO YOU HAVE USE OF A CAR? _____

PLEASE INCLUDE 2 REFERENCES FROM RABBIS:

If you need more space please write on back of page.

Signature: _____