

Customer service representative Application form - 2nd step

You want to be part of a high-flying team?
You have already sent us your resume?

Please complete the 2nd step Application form.

Personal details

First name		Last name	
Telephone numbers	Home		
	Mobile		
	Work		
E-mail address			
Are you over 18 years old?	Yes	No	
Do you require a work permit?	Yes	No	
If you could go on vacation tomorrow, what would be your destination?			
What is the most important criterion for you in the workplace?			
Do you practice any adventure sports? Which ones?	Yes	No	
Have you any experience in the sports and leisure industry?			
You are dropped off a plane onto a deserted island, what do you have with you?			
What are your hobbies?			
What languages do you speak?	Spoken	French	/10
		English	/10
		Other	/10
How would you grade yourself?	Written	French	/10
		English	/10
		Other	/10
Please tell us how you might improve customer service at SkyVenture® Montréal.			
Why should we hire you?			
What is the last movie you saw?			



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What is the last book you read?			
Do you have a personal philosophy? If so, what is it?			
What is the silliest thing you've done?			
Write 3 words that describe you.			
Why are you applying for a job at SkyVenture® Montréal?			
Do you have questions for us?			
Have you had a shoulder dislocation in the past? If yes, when?	Less than 2 years ago	More than 2 years ago	Have you had a corrective surgery?
If yes, under which circumstances?			

Employment with SkyVenture[®] Montréal

What position are you applying for?		
What are your salary expectations?		
When are you ready to start?		
Are you applying for a full time job or a part time job?	Full time	Part time

Education 3: (most recent)

Name of school; Level: college or university	
Years of attendance	
Degree received	

Education 2:

Name of school; Level: college or university	
Years of attendance	
Degree received	

Education 1:

Name of school; Level: college or university	
Years of attendance	
Degree received	

Professional qualifications:

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Software and IT skills:

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Employers 3: (most recent first)

Employer's name & address			
Telephone number		Website address	
Duration			
Salary & details			
Position held		Name of superior	
Duties			
Reason for leaving			

Employers 2:

Employer's name & address			
Telephone number		Website address	
Duration			
Salary & details			
Position held		Name of superior	
Duties			
Reason for leaving			

Employers 1:

Employer's name & address			
Telephone number		Website address	
Duration			
Salary & details			
Position held		Name of superior	
Duties			
Reason for leaving			

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References:

SkyVenture[®] Montréal requires references from past employers, teachers, tutors, colleagues and personal or professional contacts. We will usually verify at least three but please supply at least five.

All references will be contacted by telephone and/or E-mail and are an important part of our selection process.

Reference 1

Name		Relationship	
Telephone		Company	
E-mail address			
May we contact him/her?		Yes	No

Reference 2

Name		Relationship	
Telephone		Company	
E-mail address			
May we contact him/her?		Yes	No

Reference 3

Name		Relationship	
Telephone		Company	
E-mail address			
May we contact him/her?		Yes	No

Reference 4

Name		Relationship	
Telephone		Company	
E-mail address			
May we contact him/her?		Yes	No

Reference 5

Name		Relationship	
Telephone		Company	
E-mail address			
May we contact him/her?		Yes	No



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Declaration

By signing this declaration:

1. I certify that this application is complete and accurate to the best of my knowledge and that I have not made any attempt to conceal information and that falsification could be cause for dismissal.
2. I understand that SkyVenture® Montréal is an Equal Opportunity Employer.
3. I understand that if hired, SkyVenture® Montréal reserves the right to terminate my employment at any time.

I declare that all the information I have provided is true and accurate.

Print name: _____

(if returned by E-mail, a signature will be required subsequently and by returning this application form you are confirming your willingness to sign at a later date)

Signature: _____ Date: _____

Application forms of non-selected candidates will be destroyed after 30 days.
Return this completed application by E-mail to Julie Joannette.

julie.j@skyventuremontreal.com

Thank you for your interest in SkyVenture® Montréal.
Looking forward to having you join our team!