

Application

Personal Information

First Name:		Last Name:	
Address:	City:	Province:	Postal code:
Home Phone:		Cell Phone:	
E-mail address:		Are you legally eligible to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education and Experience

The highest educational degree obtained:		Which field:	
Do you have experience in direct sales? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, in what Company?			
With what type of the products?			
What is your current employment status? Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Self-employed <input type="checkbox"/>			
Language/languages that you are fluent in: English <input type="checkbox"/> French <input type="checkbox"/> Other _____			

Zepter experience

Have you ever attended any Zepter presentations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you already have any Zepter products? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked as a Zepter Representative <input type="checkbox"/> Manager <input type="checkbox"/> Trainer <input type="checkbox"/> Employee <input type="checkbox"/> NA <input type="checkbox"/>			
If yes, in what country?			
In which brand division?			
What was your highest managerial level obtained?			

Recommended by:

Name: _____ Code: _____ Brand: _____

Interested in : Home Art Brand Medical Brand

Preferred training time: am: _____ pm: _____

Skype address: _____

My signature below confirms that all information provided in this application is correct and complete to the best of my knowledge and belief. I understand that this application does not constitute an offer of employment.

Applicant's Signature

Date (MM/DD/YYYY)

Interviewed by: _____