



## APPLICATION FOR EMPLOYMENT

Please print clearly in ink - Answer all questions completely

PERSONAL INFORMATION		
Last Name	First Name	Middle Name
Address	Apt. #	City
Province	Postal Code	Telephone # (Including Area Code)

POSITION APPLIED FOR
Position: _____ Are you seeking: Full-time <input type="checkbox"/> or Part-time <input type="checkbox"/> employment?

EMPLOYMENT HISTORY (List your last three places of employment beginning with the most recent)			
Employed By	Address		
Phone #(Including Area Code)	Dates Employed : From/To, Month/Year	Supervisor's Name	
Position	Salary/Hourly Rate	Reason for Leaving	

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AVAILABILITY (Please declare below when you are available to work) You may be scheduled at anytime during the hours that you have declared.							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Nights							

List or describe any of your work related skills, experience, or training, including volunteer work, that has a relevance to the position for which you are applying.

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ADDITIONAL INFORMATION	
Are you over the age of 15?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally eligible to work in Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of an offence under the Criminal Code of Canada for which a pardon has not been granted?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for any of the following companies: Loblaws Supermarkets Ltd., Zehrs, National Grocers, Fortinos, Valu Mart, Your Independent Grocer, Freshmart, The Real Canadian Superstore, The Real Canadian Wholesale Club or another No Frills location? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If yes please give details) From: Mo/Yr _____ To: Mo/Yr _____ Store/Division: _____	



**TO BE READ AND SIGNED BY THE APPLICANT:**

By signing this form, I consent to the Company using my personal information provided in this application for purposes relating to my hiring and, if hired, for purposes relating to my continued employment such as the administration of payroll, pension and employee benefits. I also consent to the Company disclosing only as much of this personal information as may be needed by third parties who provide services to the Company in connection with my employment, such as payroll, pension and benefits administration. I further consent to the collection, use and disclosure of any personal information provided to the Company for purposes relating to my continued employment, where required.

I understand that my personal information will be kept confidential and secure. I hereby authorize the Company to obtain a report or other written or verbal communication about me, for consideration in connection with my application for employment and to obtain credit and or criminal records checks, where required.

I verify that all statements made in this application form, and those given during my employment interview(s) are true and correct and understand that any false statement shall disqualify me from employment or shall be considered just cause for my termination from employment.

**I also hereby agree that as a condition of my employment I will be required to work all Sunday shifts that I may be scheduled for and that this condition of employment will only apply if I have declared myself available for Sunday work.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**CONDITIONAL OFFER**

If you are provided with a verbal offer of employment, please note that such offer is conditional on you answering the question below and that a medical professional is satisfied that it is safe for you to handle food.

As food safety is a very important matter for our business, please advise us whether you presently have or ever had a communicable disease that would impair your ability to handle food: YES \_\_\_\_\_ NO \_\_\_\_\_. If you answered YES, the Company will arrange to have a medical professional discuss the matter with you.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dear Applicant:**

**Should we wish to contact you, please indicate the time(s) and telephone number(s) when we may reach you:**

<b>Date</b>		<b>Date</b>	
<b>Time</b>		<b>Time</b>	
<b>Telephone #</b>		<b>Telephone #</b>	

**Your application for employment will be kept on file for one year. During this time all applications will be reviewed as positions become available. Only those selected for an interview will be contacted.**

**We thank you for your interest in our company.**

<b>FOR COMPANY USE ONLY</b>			
Pre-screened By		Starting Date	
Store and Department		Position	
Salary		SIN (to be completed after hiring)	