Application for Employment



PERSONAL AND CONFIDENTIAL

The information on this application form will be used to evaluate your suitability for employment. The information will be used to communicate with you on any matters relating to your application for employment. Please carefully read and complete all areas of this application and sign the personal consent section on the last page.

| NAME: | Last | | First | Second | | RESUME ATTACH | IED | |
|------------------------------------|----------------------------|---------|---|---|-------------------|-------------------------------|----------------------------------|--|
| | | | | | | Yes | No 🗌 | |
| ADDRESS: | No. and Street | | City or Town | Province | Postal Code | TELEPHONE | | |
| | | | | | | EMAIL: | | |
| Are you legally entitled to | work in Canada? Yes | | No 🗌 | | , | | | |
| Have you ever been convid | cted of a criminal offence | e for v | which a pardon has not been granted? | Yes | No 🗌 | | | |
| Preferred Work Location: | | R | Reason: | If necessary, would you accept a transfer? Yes No | | | | |
| Position you are applying f | or: | | | | ļ | | | |
| Availability: | | | ference for (if applicable): | Availability: | | | | |
| Availability. | | | Full-Time Part-Time | Days Evenings Nights Weekends | | | | |
| Salary Expectations: H | | | ow did you find out about the position? | | | | | |
| ONLY COMPLETE ED | UCATION AND E | MPI | LOYMENT HISTORY IF YOU | ARE NOT AT | TACHING A RESU | MÉ AND CO | VER LETTER | |
| EDUCATION | YEAR COMPLETED | | SCHOOL NAME AND A | | MAJOR FIELD | | NMENT | |
| COLLEGE OR UNIVERSITY | | | Name: | | Specify Degree or | Diploma Obtained: | | |
| BUSINESS, TRADE OR OTHER SCHOOL | | | Name: | | | Specify Certification | on Obtained: | |
| HIGH SCHOOL | | | Name: Location: | | | Highest Grade Completed | Achieved Required Credits? | |
| | | | Province: | | | | ☐ No | |
| EMPLOYMENT HISTO | ⊥ DRY (begin with n | nost | recent) | | | | | |
| COMPANY NAME: | (| | , | | | | | |
| TYPE OF BUSINESS: | | | | | | | | |
| POSITION TITLE: | | | REASON FOR LEAVING | | | | | |
| ☐ Full-Time ☐ Part-Time | ☐ Temporary | | | | | | | |
| EMPLOYED FROM: | MONTH YEAR | - | KEY RESPONSIBILITIES | | | | | |
| то: _ | MONTH YEAR | | | | | | | |

Join Our Team! =

Application for Employment



| COMPANY NAME: | | | | | | | | | | |
|--|--|--|---|--|---|---|--|--|--|--|
| TYPE OF BUSINESS: | | | | | | | | | | |
| POSITION TITLE: | | | REASON FOR LEAVING | | | | | | | |
| ☐ Full-Time ☐ Part-Time ☐ Temporary | | | | | | | | | | |
| EMPLOYED | | | KEY RESPONSIBILITIES | | | | | | | |
| FROM _ | MONTH | YEAR | | | | | | | | |
| то _ | MONTH | YEAR | | | | | | | | |
| COMPANY NAME: | | | | | | | | | | |
| TYPE OF BUSINESS: | | | | | | | | | | |
| POSITION TITLE: | | | REASON FOR LEAVING | | | | | | | |
| ☐ Full-Time ☐ Part-Time | ☐ Temporary | | | | | | | | | |
| EMPLOYED | | | | KEY RESPONSIBILITIES | | | | | | |
| FROM: | MONTH | YEAR | | | | | | | | |
| TO: | | | | | | | | | | |
| _ | MONTH | YEAR | | | | | | | | |
| | | | | | | | | | | |
| REFERENCES – PLEAS | SE PROVIDE T | | HREE REFERE | NCES (preferably fro | m people you have | reported to) | | | | |
| REFERENCES – PLEAS NAME Include first name of | | | HREE REFERE | NCES (preferably fro | m people you have | reported to) | | | | |
| NAME | | | | | | | | | | |
| NAME | | | | | | | | | | |
| NAME | | | | | | | | | | |
| NAME | | | | | | | | | | |
| Co-op is collecting your information, only for a relationship with Co-of this application for background check serprovide to it is maintainformation regarding this application form your looks of the consent to provide to the consent to provide the consent to p | our personal reasonable pur personal pressonable pur personable pur providers ained accurates (Co-op's privation consent to pur personal privation of the providers ained accurates (Co-op's privation of the priv | informa rposes re imiting o party ser). Co-op ely, kept acy polic o the coll | tion provided elated to pote the foregoing rvice provider has impleme current and eies, please colection, use an es, complete d for. In signi | by way of this appentially establishing, and the composition of the control of th | lication form, and and if hired, managi the personal inform benefits compaisures to ensure that amount of time, is officer at privacy@ersonal information eck or any other verm, I understand the | will use and disclose your personal ng and terminating your employment mation that you provide to it by way nies under contract with the Co-op, t the personal information which you secure and confidential. For further ofcl.ca. By completing and submitting | | | | |