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 ATTACHED		
						Yes No 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 wl	hich a pardon has not been granted?	Yes	No 🗌			
Preferred Work Location: Reason:					If necessary, would you accept a transfer?			
					Yes No No			
Position you are applying f	or:				ı			
Availability:		Prefe	erence for (if applicable):		Availability:			
		_	Full-Time Part-Time	Casual	☐ Days ☐ Evenings ☐ Nights			
					Weekends			
Salary Expectations:		How	did you find out about the position?					
ONLY COMPLETE ED	NICATION AND F	MDI	OYMENT HISTORY IF YOU	ARE NOT AT	TACHING A RESU	IMÉ AND COVER I ETTER		
EDUCATION	YEAR COMPLETED		SCHOOL NAME AND A		MAJOR FIELD	ATTAINMENT		
COLLECT OR LININ/EDGITY			Name:			Specify Degree or Diploma Obtained:		
COLLEGE OR UNIVERSITY								
			Name:			Specify Certification Obtained:		
BUSINESS, TRADE OR OTHER SCHOOL								
			Name:			Highest Achieved Grade Required		
HIGH SCHOOL			Location:			Completed Credits?		
			Province:			□ No		
EMPLOYMENT HISTO	ORY (begin with n	nost	recent)					
COMPANY NAME:								
TYPE OF BUSINESS:								
POSITION TITLE:		р	REASON FOR LEAVING					
		^	REASON FOR LEAVING					
Full-Time Part-Time EMPLOYED	☐ Temporary	K	KEY RESPONSIBILITIES					
FROM:		. "	C. ILDI ONDIBILITED					
	MONTH YEAR							
TO: _	MONTH YEAR							

Join Our Team! =

Application for Employment



COMPANY NAME:							
TYPE OF BUSINESS:							
POSITION TITLE:		REASON FOR LE	AVING				
☐ Full-Time ☐ Part-Time ☐ Temporary							
EMPLOYED		KEY RESPONSIB	ILITIES				
FROMMONTH	YEAR						
TO							
то	YEAR						
COMPANY NAME:							
TYPE OF BUSINESS:							
POSITION TITLE:		REASON FOR LEAVING					
☐ Full-Time ☐ Part-Time ☐ Temporary							
EMPLOYED		KEY RESPONSIB	ILITIES				
FROM:MONTH	YEAR						
MONT	ILAK						
TO:MONTH	YEAR						
PIONITI	ILAN						
REFERENCES – PLEASE PROVIDE	TWO - TH	IREE REFERE	NCES (preferably fro	om people you have	reported to)		
REFERENCES – PLEASE PROVIDE NAME Include first name or Initials	TWO - TH	IREE REFERE	NCES (preferably fro	m people you have	reported to) Relationship		
NAME	TWO - TH						
NAME	TWO - TH						
NAME	TWO - TH						
NAME Include first name or Initials Co-op is collecting your persona information, only for reasonable p relationship with Co-op. Without of this application form to third background check service provider provide to it is maintained accura information regarding Co-op's privation form you consent to I consent to provide work related.	l informat urposes re limiting t party serves). Co-op tely, kept racy policies to the collection the collection	cion provided elated to pote he foregoing vice provider has impleme current and es, please co ection, use an	Telephone by way of this appentially establishing, a co-op may disclose is (such as payroll and the reasonable measonly for a reasonable intact Co-op's privacy indisclosure of your personation a criminal record chang this application for	Email lication form, and and if hired, managi the personal information 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		