



Application for Employment

PERSONAL AND CONFIDENTIAL

By completing and submitting this application for employment form, you hereby consent to Co-op's use of the information provided by you on this form to determine your qualification and suitability for employment. The information will also be used to communicate with you on any matters relating to your application for employment. Please carefully read and complete all areas of this form.

Name: Last	First	Second	Resume Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: No. And Street	City or Town	Province	Postal Code
Telephone: Email:			
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed by Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Preferred Work Location:		If necessary, would you accept a transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position you are applying for:			
Salary Expectations:		How did you find out about the position? <input type="checkbox"/> Website <input type="checkbox"/> Referral <input type="checkbox"/> Online <input type="checkbox"/> Other	
Availability: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		Preference for (if applicable): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual	

ONLY COMPLETE EDUCATION AND EMPLOYMENT HISTORY IF YOU ARE NOT ATTACHING A RESUME AND COVER LETTER

Education	Year Completed	School Name And Address	Major Field	Attainment
College or University				Specify Degree Or Diploma Obtained:
Business, Trade or Other School				Specify Certification Obtained:
High School			Highest Grade Completed:	Achieved Required Credits? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY (begin with most recent)

Company Name:	
Type Of Business:	
Position Title: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	Key Responsibilities
Employed: From: _____, _____ To: _____, _____ Month, Year Month, Year	Reason For Leaving



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EMPLOYMENT HISTORY continued

Company Name:	
Type Of Business:	
Position Title:	Key Responsibilities
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Employed: From: _____, _____ To: _____, _____ Month, Year Month, Year	Reason For Leaving

Company Name:	
Type Of Business:	
Position Title:	Key Responsibilities
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Employed: From: _____, _____ To: _____, _____ Month, Year Month, Year	Reason For Leaving

REFERENCES – PLEASE PROVIDE 2-3 REFERENCES (preferably from people you have reported to)

Name (Include First and Last Name)	Title	Telephone	Email	Relationship

Co-op is collecting your personal information provided by way of this application form, and will use and disclose your personal information, only for reasonable purposes related to potentially establishing, and if hired, managing and terminating your employment relationship with Co-op. Without limiting the foregoing, Co-op may disclose the personal information that you provide to it by way of this application form to third party service providers (such as payroll and benefits companies under contract with the Co-op, background check service providers). Positions that are safety sensitive may require as a pre-condition to employment a drug and alcohol test and a fitness to work medical examination. Co-op has implemented reasonable measures to ensure that the personal information which you provide to it is maintained accurately, kept current and only for a reasonable amount of time, is secure and confidential. For further information regarding Co-op's privacy policies, please contact the privacy officer at your local Co-op. By completing and submitting this application form you consent to the collection, use and disclosure of your personal information for these purposes.

- Your submissions of this application for employment certifies that:
- You authorize Co-op to contact any of the references provided by you for the purpose of reference check;
- You authorize the verification of the above information by Co-op and consent to any other necessary and reasonable inquires that may be required as it relates to the position that you are being considered for, such as a criminal record check;
- You understand that this application for employment does not constitute an employment offer;
- All information in this application is correct and complete to the best of your knowledge and belief; and
- You understand that any false or misleading information provided in this application form could result in a refusal of employment, withdrawal of offer or termination of employment.

SIGNATURE OF APPLICANT: _____ DATE: _____