Application For Employment

					Date of Application:				
Last Name:			Middle Initial:			First Name: .	. First Name:		
Address:			City:						
Province:			Postal Code:			Home Phone	Home Phone #:		
Alternate Telephone #:			E-mail:						
Have you worked for us before? $\ \square$ No			☐ Yes If yes, which store:			If yes, note d	. If yes, note dates:		
Posi	tion								
Positi	on applying for:				•••••	🗆 Seasonal /	Temporary		
•	ou interested in:	•				•			
How	did you learn about this opportuni	ty?			•••••				
Avai	lability								
	available to start (dd/mm/yyyy):								
	ite when you are available to be sche tunities we can consider you for.					usiness, the more a	·	he more	
	Saturday	Sunday	Monday	/ Tuesda	ay	Wednesday	Thursday	Friday	
	From								
	То								
0	vernight yes/no		<u>:</u>						
Hi	Institution Type Com gh School Year Completed □ 1 Post Secondary □ 1	□2 □3 □4	4 □5						
Please	erence Check Consent e provide at least 2 work-related refe OT list family and friends.	rences we can c	contact in	the spaces below	v. List	most recent emplo	oyers, managers, st	upervisors only.	
	Supervisor's Name:		Position Title:			Name of Con	. Name of Company:		
7	Address:								
	Can we contact them:								
	Date of Employment:		Reason for Leaving:			Duties:	Duties:		
	Supervisor's Name:				Name of Con	Name of Company:			
))									
\leq							Your Position:		
	Date of Employment:		Reason for Leaving:			Duties:	. Duties:		
	fy that the information on this app disqualification from considerati						ission of any info	rmation will result	
	erstand that the first 3 months of a mination of employment or pay in		be probation	ary during whic	h time	e my employment	may be terminat	ed without notice	
Cand	idate's name (Please print):								
Candidate Signature:						Date:	Date:		