

## **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 Firs		First	irst			Second	Resume Attached:	
Address: No. And Str	eet	City or Town		Province		Postal Code	Telephone: Email:	
Are you legally entitled to	work in Canada?	□ Yes □ No	0					
Have you ever been convi	cted of a criminal c	ffence for whic	h a pard	on has not be	en granted	Yes 🗆 N	lo	
Have you ever been empl	oyed by Co-op? [	☐ Yes ☐ No						
Preferred Work Location:				If necessary, would you accept a transfer? ☐ Yes ☐ No				
Position you are applying	for:							
Salary Expectations:			How did you find out about the position?  ☐ Website ☐ Referral ☐ Online ☐ Other					
Availability:  □ Days □ Evenings □ Nights □ Weekends				Preference for (if applicable):  ☐ Full-Time ☐ Part-time ☐ Casual				
ONLY COMPLETE EDUCAT	TON AND EMPLOY	MENT HISTOR	Y IF YOU	I ARE NOT AT	TACHING A	RESUME AND	COVER LETTER	
Education	Year Completed		School Name And Address		Major Fie	d	Attainment	
College or University							Specify Degree Or Diploma Obtained:	
Business, Trade or Other School							Specify Certification Obtained:	
High School					Highest C Complete		Achieved Required Credits?  ☐ Yes ☐ No	
EMPLOYMENT HISTORY (b	pegin with most red	ent)						
Company Name:								
Type Of Business:								
Position Title: K			Key Responsibilities					
☐ Full-Time ☐ Part-	Time □ Tempora	ry						
Employed: From:, To:,			Reason For Leaving					



## **Application for Employment**

## **EMPLOYMENT HISTORY continued**

Company Name:							
Type Of Business:							
Position Title:		Key Responsibilities					
☐ Full-Time ☐ Part-Time ☐ Temporary							
Employed: From:, To: Month, Year	Month, Year	Reason For Leaving					
Company Name:							
Type Of Business:							
Position Title:		Key Responsibilities					
☐ Full-Time ☐ Part-Time ☐ Temporary							
Employed: From:, To:, Month, Year		Reason For Leaving					
REFERENCES – PLEASE PRO	VIDE 2-3 REFERENCES (pre	eferably from people you hav	ve reported to)  Email	Relationship			
(Include First and Last Name)				· ·			
related to potentially establishing, the personal information that you the Co-op, background check servi work medical examination. Co-op current and only for a reasonable a your local Co-op. By completing ar	and if hired, managing and termir provide to it by way of this applicate providers). Positions that are sath as implemented reasonable mea mount of time, is secure and confind submitting this application for ication for employment certifies to	s application form, and will use and nating your employment relationshi ation form to third party service pro afety sensitive may require as a presures to ensure that the personal in idential. For further information really you consent to the collection, use that:	p with Co-op. Without limiting the viders (such as payroll and benefits condition to employment a drug al formation which you provide to it i garding Co-op's privacy policies, ple and disclosure of your personal inf	e foregoing, Co-op may disclose s companies under contract with nd alcohol test and a fitness to is maintained accurately, kept ease contact the privacy officer at			
<ul> <li>You authorize the verification position that you are being conversed that this app</li> <li>All information in this application.</li> </ul>	nof the above information by Co-o onsidered for, such as a criminal re lication for employment does not ation is correct and complete to th	op and consent to any other necessa cord check;	ary and reasonable inquires that ma				
SIGNATURE OF APPLICANT	<u>.                                    </u>	DATE:					