



RED DEER CO-OP LIMITED

APPLICATION FOR EMPLOYMENT

PLEASE PRINT AND COMPLETE FULLY

PERSONAL

CONFIDENTIAL

NAME, PRESENT ADDRESS, PERMANENT ADDRESS, Have you ever been convicted of an offense, Are you Bondable?, Are you legally entitled to work in Canada?, Store location preferred, Type of work preferred, Date Available, Rate of Pay Expected

EDUCATION

Table with columns: TYPE OF SCHOOL, DATES ATTENDED, SCHOOL NAME AND ADDRESS, MAJOR FIELD, ATTAINMENT

AVAILABILITY (Specify for 24 hour period)

Table with columns: Hours Available, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Schedule Effective (Dates)

EMPLOYMENT HISTORY (Begin with most recent)

1. COMPANY NAME, STREET ADDRESS, TYPE OF BUSINESS, POSITION, SALARY, EMPLOYED (MONTH AND YEAR), REASON FOR LEAVING, IMMEDIATE SUPERVISOR

| | | | |
|--|--|----------------------|---------------------------|
| 2. COMPANY NAME | | TELEPHONE # () | |
| STREET ADDRESS | | CITY | PROVINCE POSTAL CODE |
| TYPE OF BUSINESS | NATURE OF DUTIES FROM START TO TIME OF LEAVING (GIVE TITLE, RESPONSIBILITY, SUPERVISORY EXPERIENCE, ETC.) | | |
| POSITION | | | |
| <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP. | | | |
| SALARY | | | |
| START \$ FINAL \$ | | | |
| EMPLOYED (MONTH AND YEAR) | REASON FOR LEAVING | IMMEDIATE SUPERVISOR | |
| FROM: | | NAME | |
| TO: | | TITLE | |
| NO. OF PEOPLE SUPERVISED: | | | |

| | | | |
|--|--|----------------------|---------------------------|
| 3. COMPANY NAME | | TELEPHONE # () | |
| STREET ADDRESS | | CITY | PROVINCE POSTAL CODE |
| TYPE OF BUSINESS | NATURE OF DUTIES FROM START TO TIME OF LEAVING (GIVE TITLE, RESPONSIBILITY, SUPERVISORY EXPERIENCE, ETC.) | | |
| POSITION | | | |
| <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMP. | | | |
| SALARY | | | |
| START \$ FINAL \$ | | | |
| EMPLOYED (MONTH AND YEAR) | REASON FOR LEAVING | IMMEDIATE SUPERVISOR | |
| FROM: | | NAME | |
| TO: | | TITLE | |
| NO. OF PEOPLE SUPERVISED: | | | |

| | |
|------------------------------|--|
| OTHER TIME | Account For Your Time During Any Interval Of Unemployment Other Than When You Were Attending School (You May Decline to List Any Illnesses Or Leaves Of Absence Related To Disability) |
| Date (Month and Year) | Explanation |
| From To | |
| From To | |

| | | | | |
|--|--|-----------|-------------|--------------------|
| REFERENCES | Give Three Personal References Who Have Known You Well During The Last Five (5) Or More Years Excluding Relatives & Former Employers (You May Decline To List Ministers Of Religion) | | | |
| Name Include First Name Or Initials | Address No. & Street City Or Town Province | Telephone | Years Known | Present Occupation |
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| ADDITIONAL INFORMATION | Co-op Background, interests, extra-curricular activities, special; skill such as equipment operated, languages spoken/written, computer skills, academic honours, scholarships etc.(You may decline to list organizations that would depict your race, religion, ancestry, or disabilities). |
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| I HEREBY CONSENT TO THE COLLECTION OF THE INFORMATION IN THIS APPLICATION AND TO ITS USE FOR THE STATED PURPOSES. I ALSO CONSENT TO HAVE AN INVESTIGATION OF WORK AND PERSONAL REFERENCES, CRIMINAL RECORD AND CREDIT. IN SIGNING THIS APPLICATION, I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR CANCELLATION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT. | |
| SIGNATURE OF APPLICANT _____ | DATE _____ |