

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 <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS: No. And Street City or Town Province Postal Code		TELEPHONE	
		EMAIL:	
Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Preferred Work Location:		Reason:	If necessary, would you accept a transfer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position you are applying for:			
Availability:	Preference for (if applicable): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual		Availability: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends
Salary Expectations:		How did you find out about the position?	

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		Name:		Specify Degree or Diploma Obtained:
BUSINESS, TRADE OR OTHER SCHOOL		Name:		Specify Certification Obtained:
HIGH SCHOOL		Name: Location: Province:		Highest Grade Completed: Achieved Required Credits? Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY (begin with most recent)

COMPANY NAME:	
TYPE OF BUSINESS:	
POSITION TITLE:	KEY RESPONSIBILITIES
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
EMPLOYED FROM: _____ MONTH _____ YEAR	REASON FOR LEAVING:
TO: _____ MONTH _____ YEAR	

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COMPANY NAME:	
TYPE OF BUSINESS:	
POSITION TITLE:	KEY RESPONSIBILITIES
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
EMPLOYED FROM: _____ / _____ MONTH YEAR	REASON FOR LEAVING:
TO: _____ / _____ MONTH YEAR	
COMPANY NAME:	
TYPE OF BUSINESS:	
POSITION TITLE:	KEY RESPONSIBILITIES
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
EMPLOYED FROM: _____ / _____ MONTH YEAR	REASON FOR LEAVING:
TO: _____ / _____ MONTH YEAR	

RM L345 (Rev. 03)Item 654715

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

NAME <small>Include First Name Or Initials</small>	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). 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 Co-op's privacy officer at privacy@fcl.ca. By completing and submitting this application form you consent to the collection, use and disclosure of your personal information for these purposes.

I consent to provide work related references, complete a criminal record check or any other verification that may be required as it relates to the position I am being considered for. In signing this application form, I understand that any misrepresentation or omission of facts is cause for cancellation of the application of termination of employment.

SIGNATURE OF APPLICANT _____ DATE _____

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