



APPLICATION FOR EMPLOYMENT ALBERNI DISTRICT CO-OP

PERSONAL AND CONFIDENTIAL

The information on this application form will be used to evaluate your suitability for employment. If hired, the information will be used to communicate with you on any matters relating to your employment and to determine your suitability for future promotion within the Co-operative or the Co-operative Retailing System. Please carefully read and complete all areas of this application and sign the personal section on the last page.

NAME				Resume Attached	
Last		First		Second	
Yes <input type="checkbox"/>		No <input type="checkbox"/>			
ADDRESS				Telephone	
No. and Street		City or Town		Province	
Postal Code					
Have you ever been convicted of an offense (other than a traffic violation) for which a pardon has not been granted?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain (if additional space is needed please attach a separate sheet)		Are you presently bondable? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a disability or condition which will affect your ability to perform any of the functions of the job for which you have applied?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain what functions you cannot perform and what accommodations could be made which would allow you to do the work adequately. (if additional space needed attach separate letter)		Has your bond ever been revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location Preferred		Reason		Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If necessary would you accept a transfer?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Type of Work Preferred					
1		2		3	
Date Available		Preference for (if applicable)		Availability	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/>		Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/>			
Salary Expected		Who referred you to our organization?			
EDUCATION		DATES ATTENDED		SCHOOL NAME AND ADDRESS	
MAJOR FIELD		ATTAINMENT			
HIGH SCHOOL		From : _____ Month Year To: _____ Month Year		Name _____ Academic <input type="checkbox"/> Vocational <input type="checkbox"/> Other <input type="checkbox"/> Location _____ Province _____	
COLLEGE OR UNIVERSITY		From : _____ Month Year To: _____ Month Year		Highest Grade Completed _____ Achieved Required <input type="checkbox"/> Yes Credits? <input type="checkbox"/> No	
BUSINESS, TRADE OR OTHER SCHOOLS		From : _____ Month Year To: _____ Month Year		Specify Degree or Diploma Obtained _____ Specify Certification Obtained _____	
EMPLOYMENT HISTORY		(BEGIN WITH MOST RECENT)		Circle the number of the employer whom you do not wish us to contact at this time 1 2 3	
1. COMPANY NAME:		TELEPHONE#			
STREET ADDRESS		CITY		PROVINCE	
TYPE OF BUSINESS		POSTAL CODE			
POSITION		NATURE OF DUTIES FROM START TO LEAVING			
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>					
STARTING SALARY CURRENT SALARY \$ \$					
EMPLOYED FROM		REASON FOR LEAVING		IMMEDIATE SUPERVISOR	
Month _____ Year _____ Month _____ Year _____				Name: _____ Title: _____	
No. of People Supervised					

2. COMPANY							
NAME:						TELEPHONE#	
STREET ADDRESS							
		CITY		PROVINCE		POSTAL CODE	
TYPE OF BUSINESS		NATURE OF DUTIES FROM START TO LEAVING					
POSITION							
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>							
STARTING SALARY CURRENT SALARY							
\$ \$							
EMPLOYED FROM		REASON FOR LEAVING				IMMEDIATE SUPERVISOR	
Month Year Month Year							
No. of People Supervised							
3. COMPANY							
NAME:						TELEPHONE#	
STREET ADDRESS							
		CITY		PROVINCE		POSTAL CODE	
TYPE OF BUSINESS		NATURE OF DUTIES FROM START TO LEAVING					
POSITION							
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>							
STARTING SALARY CURRENT SALARY							
\$ \$							
EMPLOYED FROM		REASON FOR LEAVING				IMMEDIATE SUPERVISOR	
Month Year Month Year							
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 absences relating to disability)					
Date (Month And Year)				EXPLANATION			
From _____, _____ to _____, _____ Month Year Month Year							
From _____, _____ to _____, _____ Month Year Month Year							
REFERENCES		Give three personal references who have known you well during the last five or more years excluding relatives & former employers					
		(You may decline to list ministers of religion)					
Name		Address		Telephone		Years Known	
Include First Name or Initials		No. And Street City or Town Province				Present or Most Recent Occupation	
ADDITIONAL INFORMATION		Co-op Background, interests, extracurricular activities, special skills such as equipment operated, languages spoken/written, computer skills, academic honors, scholarships etc. (You may decline to list organizations that would depict your race, religion, ancestry or disabilities)					
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: _____			