



Medicine Hat Co-op Limited
APPLICATION FOR EMPLOYMENT



PLEASE PRINT AND COMPLETE FULLY

PERSONAL

CONFIDENTIAL

| | | | | |
|---|--|---|---|--|
| NAME | Last | First | Second | RESUME ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PRESENT ADDRESS | No. and Street | City or Town | Province | Postal Code |
| PERMANENT ADDRESS (if different) | No. and Street | City or Town | Province | Postal Code |
| Have you ever been Convicted of an offence Other than a traffic violation For which no pardon has been granted? | <input type="checkbox"/> Yes <input type="checkbox"/> No | if yes explain (if additional space required, attach separate letter) | Are you Bondable <input type="checkbox"/> Yes <input type="checkbox"/> No | Has your bond ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In your opinion, do you have any Concerns about your ability to perform any of the functions of the position(s) you have applied for? | <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 work adequately. (Attach separate letter) | Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Store Preferred | 1. | 2. | 3. | |
| Type of work Preferred | 1. | 2. | 3. | |
| Date Available | Preference For <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary | | Willing to work shift work <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Rate of Pay Expected | Who referred you to this organization? | | | |

EDUCATION

| TYPE OF SCHOOL | DATES ATTENDED Month and Year | SCHOOL NAME & ADDRESS | MAJOR FIELD | ATTAINMENT |
|---|----------------------------------|-----------------------|--|---|
| HIGH SCHOOL | From | Name | <input type="checkbox"/> Academic Highest Grade <input type="checkbox"/> Vocational Completed <input type="checkbox"/> Other | Achieved Required Credits? Yes No |
| | To | Location | | |
| UNIVERSITY, COLLEGE TRADES/TECHNICAL TRAINING | From | Name | Field of Study | Degree/ Diploma Certificate Obtained? Yes No |
| | To | Location | | |

EMPLOYMENT HISTORY (Begin with most recent) Circle the Number of Any Employers Whom You Do Not Wish Us to Contact at this Time 1 2 3

| | |
|--|--|
| 1. 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 |
| FROM: | IMMEDIATE SUPERVISOR |
| TO: | NAME |
| NO. OF PEOPLE SUPERVISED | TITLE |

| | | | |
|--|--|--|----------------------|
| 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 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 or more years excluding relatives & former Employers. (You may decline to list ministers of religion)

| Name Include First Name or Initials | No. & Street Address City or Town | Province | Telephone | Years Known | Present Occupation |
|--|---|----------|-----------|----------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

ADDITIONAL INFORMATION

Co-op background, interest, extra-curricular activities, special; skill such as equipment operated, languages, spoken/written computer skills, academic honours, scholarships, et. (You may decline to list organizations that would depict your race, Religion, ancestry, or disabilities)

IN SIGNING THIS APPLICATION, I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR CANCELLATION OF THIS APPLICATION OR EMPLOYMENT. I HEREBY CONSENT TO HAVE AN INVESTIGATION OF WORK AND PERSONAL REFERENCES, SECURITY CHECK, AND A CREDIT INVESTIGATION.

SIGNATURE OF APPLICANT _____

DATE _____