



# APPLICATION FOR EMPLOYMENT

www.medicinehatcoop.ca

**PERSONAL AND  
CONFIDENTIAL**

The information you provide 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 Medicine Hat Co-op or the Co-operative Retailing System. Please carefully read and complete all areas of this application and sign the personal consent section on the last page.

LAST NAME		FIRST NAME		MIDDLE NAME		RESUME ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No	
STREET ADDRESS			CITY OR TOWN		PROVINCE	POSTAL CODE	TELEPHONE
Have you ever been convicted of a criminal offense (other than a traffic violation) for which a pardon has not been granted?	<input type="checkbox"/> Yes	If yes, please explain (if additional space is required, attach a separate letter)			Are you presently bondable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your bond ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No						
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	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 is required, attach a separate letter)					Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> No						
Location preferred			Reason		If necessary, would you accept a transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of work preferred	1.	2.		3.			
Date Available				Preference for (if applicable) <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual			
Salary desired			Did anyone refer you to our organization? If so, who?				

**AVAILABILITY** (indicate your availability to work during the week by times available)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

EDUCATION		DATES ATTENDED		SCHOOL NAME AND LOCATION		ATTAINMENT	
HIGH SCHOOL	FROM	MONTH	YEAR	NAME		HIGHEST GRADE COMPLETED	ACHIEVED REQUIRED CREDITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
	TO			LOCATION	PROVINCE		
COLLEGE OR UNIVERSITY	FROM	MONTH	YEAR	NAME		SPECIFY DEGREE OR DIPLOMA OBTAINED	
	TO			LOCATION	PROVINCE		
BUSINESS, TRADE OR OTHER SCHOOL	FROM	MONTH	YEAR	NAME		SPECIFY CERTIFICATION OBTAINED	
	TO			LOCATION	PROVINCE		

**ADDITIONAL INFORMATION:** (Use this space to indicate any other skills, interests, extracurricular activities, Co-op background, equipment operated, languages spoken or written, computer skills, academic honors, scholarships, etc. You may decline to list organizations which would depict your race, religion, ancestry or disabilities).

Drop off completed application and a resume to any Medicine Hat Co-op location.

**EMPLOYMENT HISTORY**

Circle the number of the employer whom you do not wish us to contact at this time

1

2

3

<b>1. (MOST RECENT) COMPANY NAME</b>						TELEPHONE		
STREET ADDRESS			CITY OR TOWN		PROVINCE	POSTAL CODE		
TYPE OF BUSINESS		NATURE OF DUTIES						
POSITION								
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>								
STARTING SALARY								
\$								
FINAL SALARY		REASON FOR LEAVING				SUPERVISOR		
EMPLOYED								
FROM	MONTH	YEAR				NAME		
TO	MONTH	YEAR				TITLE		
# OF PEOPLE SUPERVISED								

<b>2. COMPANY NAME</b>						TELEPHONE		
STREET ADDRESS			CITY OR TOWN		PROVINCE	POSTAL CODE		
TYPE OF BUSINESS		NATURE OF DUTIES						
POSITION								
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>								
STARTING SALARY								
\$								
FINAL SALARY		REASON FOR LEAVING				SUPERVISOR		
EMPLOYED								
FROM	MONTH	YEAR				NAME		
TO	MONTH	YEAR				TITLE		
# OF PEOPLE SUPERVISED								

<b>3. COMPANY NAME</b>						TELEPHONE		
STREET ADDRESS			CITY OR TOWN		PROVINCE	POSTAL CODE		
TYPE OF BUSINESS		NATURE OF DUTIES						
POSITION								
FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>								
STARTING SALARY								
\$								
FINAL SALARY		REASON FOR LEAVING				SUPERVISOR		
EMPLOYED								
FROM	MONTH	YEAR				NAME		
TO	MONTH	YEAR				TITLE		
# OF PEOPLE SUPERVISED								

**REFERENCES**

NAME		TELEPHONE		RELATIONSHIP TO YOU	
NAME		TELEPHONE		RELATIONSHIP TO YOU	
NAME		TELEPHONE		RELATIONSHIP TO YOU	

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 if required. By 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 \_\_\_\_\_