

Employment Application**Personal Information**** must be filled in.*

*Family Name	*First Name
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Address*(No., Street, Apt. No., City, Province, Postal Code)*

Home Telephone ()	Are you 15 years of age or older?	yes
Business Telephone ()		no

Have you worked for Winkler Co-op before?
If yes, when?

yes
no

Have you ever been discharged from any position? If yes, explain.
(in comments section below)

yes
no

Have you ever been convicted of an offence(s), for which you have not received an unrevoked pardon, under the Criminal Code, the Food & Drug Act or Narcotic Control Act? If yes, explain. <i>(in comments section below)</i>	yes no	Do you have any illness, disability or physical limitations which may prevent you from regularly lifting or carrying 10kg?	yes no
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Are you legally entitled to work in Canada?
If on temporary work permit, what is the expiry date?

yes
no

Do you have any illness, disability or physical limitations which may prevent you from doing work of a repetitive nature?

yes
no

Job Interest

Store or area of city preferred:		
Type of work you are interested in:	Weekend Work?	Preference for
1.	yes	Full-time
2.	no	
Part-time		

Date available:	Rate of pay expected:	Who referred you to this organization?
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Education

(Highest level achieved)

HIGH SCHOOL	From	Name	
	To	Location	
		Province	
	Academic	Grade	Achieved required credit or diploma
	Vocational		yes
	Other		

COLLEGE, UNIVERSITY, BUSINESS, TRADE OR OTHER SCHOOL	From	Name
	To	Location
		Province
		Specify degree or diploma attained

Personal References

Give three personal references who have known you well during the last five or more years excluding relatives and former employers.

Name <i>(include first name or initials)</i>	Address <i>(No., Street, Apt. No., City, Province, Postal Code)</i>	Telephone	Years Known	Present or most recent occupation

Employment History

Check the number of any of the employers whom you do not wish us to contact at this time.

1 2 3

1. Company Name Telephone #
()

Address <i>(No., Street, Apt. No., City, Province, Postal Code)</i>
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Type of Business Salary Start Employed From

Full-Time

Position

Final

To

Part-Time

Temp

Nature of duties from start to time of leaving <i>(give title, responsibility, supervisory experience, etc.)</i>

If you were a supervisor,
of people supervised

Reason for leaving

Immediate Supervisor
Name

Title

2. Company Name Telephone #
()

Address <i>(No., Street, Apt. No., City, Province, Postal Code)</i>
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Type of Business

Salary Start

Employed From

Full-Time

Position

Final

To

Part-Time

Temp

Nature of duties from start to time of leaving <i>(give title, responsibility, supervisory experience, etc.)</i>

	If you were a supervisor, # of people supervised	Reason for leaving	Immediate Supervisor Name
			Title

3. Company Name Telephone #

()

Address <i>(No., Street, Apt. No., City, Province, Postal Code)</i>
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Type of Business Salary Start Employed From

Position Full-Time Final To

Part-Time

Temp

Nature of duties from start to time of leaving <i>(give title, responsibility, supervisory experience, etc.)</i>

If you were a supervisor,
of people supervised Reason for leaving Immediate Supervisor
Name

Title

Other Time

Account for your time during any interval of unemployment other than when you were attending school.

From Explanation

To

From Explanation

To

Additional Information/Comments

Application Statement

I understand that the personal information on this form is being collected for the purpose of establishing and maintaining an employment relationship and may be disclosed without my further consent within Winkler Consumer's Co-op Ltd. The personal information will not be disclosed to any third party, other than for the purpose of verifying my employment, without my consent. By signing below I am consenting to the collection, use and disclosure of this information by Winkler Consumer's Co-op Ltd for the purposes stated. I understand that if this application does not result in employment with Winkler Consumer's Co-op Ltd, that the application and personal information contained herein will be retained for six months and then destroyed.

In signing this application, I understand that any misrepresentation or omission of facts is cause for cancellation of this application or termination of employment. I hereby consent to have an investigation of work and personal references.

Signature of applicant

Date