



Application for Employment

PERSONAL AND CONFIDENTIAL

By completing and submitting this application for employment form, you hereby consent to Co-op's use of the information provided by you on this form to determine your qualification and suitability for employment. The information will also be used to communicate with you on any matters relating to your application for employment. Please carefully read and complete all areas of this form.

| | | | |
|--|--------------|---|--|
| Name: Last | First | Second | Resume Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address: No. And Street | City or Town | Province | Postal Code |
| Telephone: Email: | | | |
| Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever been convicted of a criminal offence for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you ever been employed by Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Preferred Work Location: | | If necessary, would you accept a transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Position you are applying for: | | | |
| Salary Expectations: | | How did you find out about the position? <input type="checkbox"/> Website <input type="checkbox"/> Referral <input type="checkbox"/> Online <input type="checkbox"/> Other | |
| Availability: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends | | Preference for (if applicable): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual | |

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 | | | | Specify Degree Or Diploma Obtained: |
| Business, Trade or Other School | | | | Specify Certification Obtained: |
| High School | | | Highest Grade Completed: | Achieved Required Credits? <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMPLOYMENT HISTORY (begin with most recent)

| | |
|--|---------------------------------|
| Company Name: | |
| Type Of Business: | |
| Position Title: | Key Responsibilities |
| <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary | |
| Employed: From: _____, _____ Month, Year | To: _____, _____ Month, Year |
| Reason For Leaving | |

