



APPLICATION FOR EMPLOYMENT

Personal

Confidential

NAME	Last	First	Second	RESUME ATTACHED ___ Yes ___ No					
ADDRESS	No. and Street	City or Town	Prov	Postal Code	TELEPHONE				
Location(s) Preferred: _____ Why? _____									
Are you legally entitled to work in Canada? ___ Yes ___ No			Have you ever worked for Peninsula Co-op or Save-On Gas before? ___ Yes ___ No. If yes, which location? _____						
Do you know anyone who works for Peninsula Co-op or used to work for the Co-op in the past?									
Date Available: _____	Preference for: Full-time ___ Part-time ___		Hours Available (please indicate am or pm):						

EDUCATION & EMPLOYMENT BACKGROUND

Highest grade or level of education completed: _____. School: _____ Still attending? ___ Yes ___ No

Date/Month/Year	Company Name & Address	Telephone	Name of Supervisor	Position	Salary/Wage	Reason for Leaving
From:						
To:						
From:						
To:						
From:						
To:						

For employment references, may we contact your present and/or former employer(s)? ___ Yes ___ No

ACTIVITIES

Co-op background, interests, extracurricular activities, special skills such as equipment operated, language 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 PURPOSES OF ASSESSING MY SUITABILITY FOR EMPLOYMENT WITH PENINSULA CO-OP AND, IF I AM HIRED, FOR EMPLOYMENT ADMINISTRATION PURPOSES.

I ALSO CONSENT TO HAVE AN INVESTIGATION OF WORK AND PERSONAL REFERENCES, CRIMINAL RECORD AND CREDIT CHECKS. 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 _____