



88 Supermarket Ltd.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION							
Last Name:		Middle name:			First name:		
Street Address:					Apartment/Unit #		
City:		Prov.:		Postal Code:			
Phone:		E-mail Address:					
Date available:		Social Ins. No.:					
Are you a Canadian citizen?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in Canada?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain			
Job title:		<input type="checkbox"/> Full-time		<input type="checkbox"/> Part-time		<input type="checkbox"/> Temporary	
Expected wage:		How many hours would you like to work per week? :					
Please indicate the departments in which you are interested in working:							
<input type="checkbox"/> Grocery		<input type="checkbox"/> Cashier		<input type="checkbox"/> Produce		<input type="checkbox"/> Bakery	
<input type="checkbox"/> Frozen		<input type="checkbox"/> Meat		<input type="checkbox"/> Warehouse		<input type="checkbox"/> Sea food	
<input type="checkbox"/> Security		<input type="checkbox"/> Office		<input type="checkbox"/> Frozen		<input type="checkbox"/> Other	
AVAILABILITY							
<input type="checkbox"/> Days		<input type="checkbox"/> Evenings		<input type="checkbox"/> Overnights		<input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
List relatives employed by 88, their relationship to you, and where they work							
Full name:		Phone:		Location			
Full name:		Phone:		Location			
EDUCATION							
High School YES <input type="checkbox"/> NO <input type="checkbox"/>		School name:					
From To		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12					
College/University YES <input type="checkbox"/> NO <input type="checkbox"/>		College/University name:					
From To		<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4				Degree	
Other:		Name:					
From To						Degree	
LANGUAGE ABILITIES							
English		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Mother language:			
Other		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Detail:			
EMERGENCY CONTACT <i>(please list two emergency contacts)</i>							
Full Name:				Relationship:			
Email:				Phone: ()			
Address							
Full Name:				Relationship:			
Email:				Phone: ()			
Address							



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PREVIOUS EMPLOYMENT

Please list in order, your 3 most recent jobs or these job most related to the position you are apply for

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisors for a reference? <input type="checkbox"/> YES NO <input type="checkbox"/>			

TO BE READ AND SIGNED BY APPLICANT

By signing this form, I consent to the Company using my personal information provided in this application for purposes relating to my employment and, if recruited, for purposes relating to my continued employment such as the administration of payroll, pension and employee benefits. I also consent to the Company disclosing this personal information as may be needed by third parties who provide services to the Company in connection with my employment. I further consent to the collection, use and disclosure of any personal information provided to the Company for purposes relating to my continued employment, where required.

I understand that my personal information will be kept confidential and secure. I hereby authorize the Company to obtain a report or other written or verbal communication about me, for consideration in connection with my application for employment and to obtain credit and/or criminal record checks, where required.

I verify that all statements made in this application form, and those given during my employment interviews are true and correct and understand that any false statement shall disqualify me from employment or shall be considered just cause for my termination from employment.

Signature & Full name:	Date
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