

CENTRAL ALBERTA CO-OP LTD.

APPLICATION FOR EMPLOYMENT 2019

The information on this application form will be used to evaluate your suitability for employment and will be used to communicate with you on any matters relating to your application. Please carefully read and complete all areas of the application and sign the personal consent section on the back.

PLEASE PRINT AND	PERSONAL AND CONFIDENTIAL								
NAME	Last			First	Second			RESUME ATT	ACHED
								☐ YES ☐	NO
PRESENT N ADDRESS	o. And Street		C	City or Town		Province	Postal Code	TELEPHONE ()	
Have you ever been convicted of an offense				If Yes, explain (if additional space required, attach sepa			Are you Bondable	?	
other than a traffic violation			(ii additiona	a space require	u, allach sep	Darate letter)			
for which no pardon								_	
has been granted?		☐ NO					☐ YES ☐ N	O	
n your opinion, do you have any		If Yes, explain what functions you cannot perform and				what	Are you legally	entitled	
concerns about your ability to		accommodations could be made which			would allow you to work		to work in Cana	ada?	
perform any of the functions of the			adequately. (Attach separate letter)					☐ YES ☐	NO
position(s) you have applied	d for?						od Com Operation I. Allega		
Store location preferred					Have you p	-	ed for Central Alber	ta Co-op?	
1.	2.		3.					when?	
Position you are applying	Position you are applying for		Are you		Are you 16	16 years of age or older?		☐ YES ☐	NO
1.	2.		3.						
Date Available	Preference	For			Availability				
□F	ull-time	☐ Part-time	e □ T	emporary	☐ Days	☐ Evenings	☐ Weekends	☐ Nights	
Salary		How did yo	u find out ak	out this positi	on?				
Expectations:				•					
ONLY COMPLETE EDUCA	ATION AND E	MPLOYMENT	HISTORY SE	CTIONS IF YO	U ARE NOT	TATTACHING A	A RESUME AND C	OVER LETTER	
EDUCATION									
TYPE OF SCHOOL DATES ATTENDED		SCHOOL NAME AND ADDRESS		DRESS	MAJOR AT FIELD		TAINMENT		
	Month and Y	ear	Name				Highest Grade	Achieved Require	ed .
HIGH SCHOOL						Academic Completed		Credits?	
	То		Location		Other		YES	NO	
UNIVERSITY, COLLEGE,	From	From		Name			Field of Study		
TRADES/TECHNICAL			Name			l loid of Olddy		Degree/Diploma Certificate Obtain	ed?
TRAINING	То		Location					☐ YES ☐	NO
AVAILABILITY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Schedule Effectiv	e (dates):
	Curiday	Worlday	Tuccuay	Wounday	Thurbuay	Tiday	Cataraay		o (datoo).
From	_	-						From:	
То								To:	
EMPLOYMENT HISTORY	(Begin with m	ost recent)							
1. COMPANY NAME							TELEPHONE # ()	
STREET ADDRESS			CITY			PROVINCE	POS	TAL CODE	
TYPE OF BUSINESS				NAT	URE OF DUTI	IES FROM STAR	Γ TO TIME OF LEAVI	NG	
			(GIVE TITLE, RESPONSIBILITY, SUPERVISORY EXPERIENCE, ETC.)						
POSITION									
☐ FULL-TIME ☐ PART-	TIME	TEMP.	_						
SALARY									
START \$	FINAL \$								
EMPLOYED (MONTH AND YEAR)			REASON FOR LEAVING				IMMEDIATE SUPERVISOR		
FROM:							NAME		
TO:									
# OF PEOPLE YOU SUPERVISED:			1	TITLE					

2. COMPANY NAME					TELEPHONE # ()		
STREET ADDRESS		CITY		PROVINCE	POS	TAL CODE		
TYPE OF BUSINESS	NATURE OF DUTIES FROM START TO TIME OF LEAVING (GIVE TITLE, RESPONSIBILITY, SUPERVISORY EXPERIENCE, ETC.)							
POSITION		(GIVE TITLE, RESPONS	SIBILITY, SUPER	VISORY EXPERIENC	JE, ETC.)			
☐ FULL-TIME ☐ PART-TIME ☐	TEMP.	1						
SALARY		1						
START \$ FINAL \$								
EMPLOYED (MONTH AND YEAR)			REASON FOR LEAVING		IMMEDIATE SUPE	RVISOR		
FROM: TO:					NAME			
# OF PEOPLE YOU SUPERVISED:					TITLE			
3. COMPANY NAME					TELEPHONE # ()		
STREET ADDRESS		CITY		PROVINCE	POS	TAL CODE		
TYPE OF BUSINESS			NATURE OF DUTI		T TO TIME OF LEAV			
POSITION			(GIVE TITLE, RESPONS	BIBILITY, SUF LK	VISORT EXPERIENC	DL, LTO.)		
☐ FULL-TIME ☐ PART-TIME ☐	TEMP.							
SALARY		1						
START \$ FINAL \$								
EMPLOYED (MONTH AND YEAR)	REASON FOR LEAVING			IMMEDIATE SUPERVISOR				
FROM:				NAME				
TO: # OF PEOPLE YOU SUPERVISED:	1			TITLE				
				V VAV AA				
OTHER TIME:	• .		yment Other Than Wher ∟eaves Of Absence Rela		•	u May Decline		
Date (Month and Year)		Explanation						
From To								
From To								
REFERENCES:	PLEASE PR	ROVIDE 2-3 RE	FERENCES (preferably	from people y	ou reported to)			
Name Include First Name Or Initials	Т	Title	Telephone	email		Relationship		
1								
1				1				
2								
ADDITIONAL INFORMATION: Co-op spoken/wriitten, computer skills, academ								
religion, ancestry or disabilities)		•	V	Ü	·			
I consent to provide work related referen position I am being considered for. In sign								
cancellation of the application or termina			istana tilat any misiepie:	Joinanon or OIII	ission of facts is the	uu00 101		
SIGNATURE OF APPLICANT				DATE				