

APPLICATION FOR STORE EMPLOYMENT

LAST NAME FIRST NAME MIDDLE INITIAL (AREA CODE) TELEPHONE #

ADDRESS APT. # CITY POSTAL CODE

MINIMUM AVAILABILITY FOR PART-TIME POSITIONS:

The current **minimum** availability is one (1) of the following. Please check off one of the options below.

Available to be scheduled a minimum of one (1) evening between Monday and Thursday, Friday evenings, anytime Saturday and Sunday.

Available to be scheduled a minimum of one (1) shift between Monday and Thursday, Friday, anytime Saturday and Sunday.

Please indicate the departments in which you are interested in working:

- | | | | | |
|--|------------------------------------|------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Any Department | <input type="checkbox"/> Grocery | <input type="checkbox"/> Seafood | <input type="checkbox"/> Health & Beauty | <input type="checkbox"/> Night Crew |
| <input type="checkbox"/> General Merchandise | <input type="checkbox"/> Bulk Food | <input type="checkbox"/> Cold Deli | <input type="checkbox"/> Meat | <input type="checkbox"/> Health Foods |
| <input type="checkbox"/> Front End | <input type="checkbox"/> Bakery | <input type="checkbox"/> Hot Deli | <input type="checkbox"/> Produce | <input type="checkbox"/> Electronics |
| <input type="checkbox"/> Community Room | <input type="checkbox"/> Dairy | <input type="checkbox"/> Salad Bar | <input type="checkbox"/> Photostudio | <input type="checkbox"/> Apparel |
| <input type="checkbox"/> Floral | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Photolab/Camera | |
| <input type="checkbox"/> Other _____ | | | | |

* Above departments may vary by store.

Do you have any specific skills, trades or experience in any of these departments? Please describe:

Have you ever been convicted of a criminal offense for which a pardon HAS NOT been granted? Yes No

Are you legally entitled to work in Canada? Yes No

Are you between the ages of 15 and 65? Yes No

What source referred you to this company? _____

To which location are you applying? _____

Would you be willing to work at any other location(s) ? Please specify: _____

Date available to begin work : _____ Have you ever worked for any Loblaws Companies

Ltd. banners or affiliates (eg. Loblaws, Zehrs, Fortinos, No Frills, YIG, RCSS, Atlantic Superstore, National

Grocers, Provigo, etc.)? Yes No If yes, specify date of employment From: _____ To: _____

Company & Location: _____

Department: _____ Position: _____ Supervisor: _____

PLEASE COMPLETE REVERSE 

Why do you want to work for Loblaws? _____

Describe what a customer means to you? _____

EMPLOYMENT HISTORY: Please list in order, your three most recent jobs OR those jobs most related to the position you are applying for.

Name & Address of Employer _____

Job Title: _____ Period of Employment: From _____ To _____

Salary: _____ Reason For Leaving: _____

Supervisor Name: _____ Phone Number: _____

Functions/Responsibilities: _____

Name & Address of Employer _____

Job Title: _____ Period of Employment: From _____ To _____

Salary: _____ Reason For Leaving: _____

Supervisor Name: _____ Phone Number: _____

Functions/Responsibilities: _____

Name & Address of Employer _____

Job Title: _____ Period of Employment: From _____ To _____

Salary: _____ Reason For Leaving: _____

Supervisor Name: _____ Phone Number: _____

Functions/Responsibilities: _____

EMPLOYMENT REFERENCE:

For employment references, may we contact your present / last employer? Yes No

For employment references, may we contact your former employer(s)? Yes No

EDUCATIONAL BACKGROUND:

Highest Primary/Secondary educational grade level completed _____

Post Secondary Education	Course Taken	Certificate/Degree Obtained
University Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business College Yes <input type="checkbox"/> No <input type="checkbox"/>		
Trade School or Vocational School Yes <input type="checkbox"/> No <input type="checkbox"/>		
Correspondence Course(s) Yes <input type="checkbox"/> No <input type="checkbox"/>		

TO BE READ AND SIGNED BY THE APPLICANT

By signing this form, I consent to the Company using my personal information provided in this application for purposes relating to my hiring and, if hired, for purposes relating to my continued employment such as the administration of payroll, pension and employee benefits. I also consent to the Company disclosing only as much of this personal information as may be needed by third parties who provide services to the Company in connection with my employment, such as payroll, pension and benefits administration. 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 interview(s) 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.

Upon declaring my availability for Sunday work at the time of my hire, I understand that one of the conditions of my employment is to work on Sundays when required.

I hereby declare that the foregoing information is true and complete to my knowledge.

I understand that a false statement may disqualify me from employment, or be cause for my dismissal.

Signature: _____ Date: _____ Approved by: _____

CONDITIONAL OFFER

If you have been provided with a verbal offer of employment, please note that such offer is conditional on you answering the question below and our medical department being satisfied that it is safe for you to handle food.

As food safety is a very important matter for our business, please advise us whether you presently have or ever had a communicable disease that would impair your ability to handle food: YES _____ NO _____

If you answered YES, please note that our medical department will have to discuss this matter with you in greater detail so that we can determine whether it would be safe for you to handle food.

Signature: _____ Date: _____