

APPLICATION FOR EMPLOYMENT

FOR OFFICE USE ONLY	
STORE NO.	MANAGER'S NAME (please print)

Position applied for:	Wages expected:	Date available to start work (e.g. MM / DD / YY):
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PERSONAL DATA (please print or type)			
Last Name	First Name	Middle	Social Insurance No. (optional)
Address			Home/Cell Telephone No.
City	Province	Postal Code	E-mail Address
Have you ever been employed by Avondale Stores Limited before? <input type="checkbox"/> YES If so, when? _____ <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			
Are you willing to relocate? <input type="checkbox"/> YES <input type="checkbox"/> NO Preferred location(s): _____			

AVAILABILITY							
Are you legally eligible to work in Canada? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Are you between the ages of eighteen (18) and sixty-five (65) years old? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Are you bondable? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Shift-work <input type="checkbox"/> Temporary							
AVAILABILITY:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM (hours) e.g.: 1:00 P.M.							
TO e.g.: 9:00 P.M.							

EDUCATION			
School Name	Grade of Final Year of Program Completed	Type of Degree, Diploma or Certificate Program	Was degree, diploma or certificate awarded?
Secondary School			<input type="checkbox"/> YES <input type="checkbox"/> NO
University or College			<input type="checkbox"/> YES <input type="checkbox"/> NO
Business or Trade School			<input type="checkbox"/> YES <input type="checkbox"/> NO
Other			<input type="checkbox"/> YES <input type="checkbox"/> NO

