

APPLICATION FOR EMPLOYMENT

					STORE NO.		CE USE ONLY AME (please print)	
Position applied for	r:	·············	v	Vages expected:	Da	te available to start	work (e.g. MM / D	D /YY):
PERSONA	AL DATA (please	print or	type)				
Last Name		F	irst Name		Middle	Social Insu	ırance No. (optiona	1)
Address						н	ome/Cell Telephone	e No.
City	45-4-914-9-5-5		Pı	rovince	Posta	Code E	-mail Address	
Have you ever	been employed	d by Av	ondale (Stores Limited be	fore?	YES If so, wher	ı?	
Have you ever	been convicted	d of a c	riminal o	ffence for which	a pardon has	not been grante	d? ☐YES	□NO
Are you willing	to relocate? [] YES		NO Preferre	ed location(s):			
AVAILAB	LITY							
Are you legally	eligible to worl	k in Caı	nada?	YES [] NO			
Are you betwe	en the ages of	eightee	n (18) ai	nd sixty-five (65)	years old? []YES [□ NO	
Are you bonda	ble?	YES	□NO					
Are you available to work: Full-			ime 🔲 Part-ti		me 🔲 Shift-w		ork 🔲 Temporary	
AVAILABILITY:	MONDAY	TUE	SDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM (hours) e.g.: 1:00 P.M.			,					
TO e.g.: 9:00 P.M.	· · · · · · · · · · · · · · · · · · ·						The state of the s	
EDUCATION	ON							
School Name			Grade of Final Year of Program Completed		Type of Degree, Diploma or Certificate Program		Was degree, diploma or certificate awarded?	
Secondary School							☐ YES	□ NO
University or College								
					ТЕМЕТОТО В В В В В В В В В В В В В В В В В В		YES	□ NO
Business or Trade School			,	***************************************			☐ YES	□ NO
Other				Period in a section of the section o			☐ YES	□ NO

EMPLOYM	ENT RECORD & RE	FERENCES - List	references, if differen	t than bel	ow, on a separate sheet		
Present / Las					orr, orra coparate crices		
Address		City/Province/Postal	Code	Pa	riod of Employment		
71001000		Oity/F10VIIICe/F0star	Code		Period of Employment		
D-18-11-14					mto mm / dd / yymm / dd / yy		
Position Held		Name of Supervisor		Tel	ephone Number		
Reason for leaving	g:			Pre	esent / Last Wage		
				\$	·		
Former Emplo	oyer Company Na	ame:					
Address		City/Province/Postal	Code	Pe	riod of Employment		
				Fro	m to		
Position Held		Name of Supervisor		Tel	mm / dd / yy mm / dd / yy ephone Number		
					opmond Manibal		
Reason for leaving	g:				esent / Last Wage		
Former Emplo	oyer Company Na			\$	***************************************		
i onner Empre	Company Na	ane.					
Address		City/Province/Postal	Code	Per	riod of Employment		
				Fro	m to mm / dd / yy mm / dd / yy		
Position Held		Name of Supervisor		Tel	ephone Number		
Reason for leaving	g:			Pre \$	esent / Last Wage		
114,194,141,1 ₁₁		*****	4 (2004) 4 (4) (4) (4) (4) (4) (4) (4) (4) (4)	Ψ			
For employme	ent references, may we co		esent employer? rmer employer(s)?	☐ YES ☐ YES	□ NO □ NO		
position being	applied for:oses of our staff and custon				or us to know in relation to the		
statement ma requires a va employment, necessary to and employmercords with representative reviewing, as may include i	ny disqualify me from e alid driver's license, p I hereby authorize Ave qualify me for employ nent information to Ave respect to this applicates es or consultants to consessing and managing nformation regarding me	mployment, or causo proof thereof will bondale Stores Limite ment. In addition, I ondale Stores Limite ation form to Avondalect and review thi my employment with	e my dismissal. I fur e required after hire ed to check into my authorize my forme ed. I authorize: 1) ale Stores Limited a s information (as de th Avondale; 2) Avon he purposes of any g	rther under. By some backgroom backgroom the relemed newalale to representations.	e. I understand that a false lerstand that if this position signing this application for und by any means deemed ver(s) to provide references ase of full information and norize Avondale, its agents cessary) for the purpose of release any information that ent authority (i.e. Ministry of rization shall be as valid as		
Date:		Sigr	nature:				
FOR STOR	E / OFFICE USE ON	LY – PAYROLL II	NFORMATION (to b	e complete	ed by Manager only AFTER hiring)		
Interview Date:	Interview by:		Reference Check(s) perf		SEX: [] MALE		
MM / DD / YY				3	- -		
MIN 1 DD 1 1 1 .		747474.4	YES NO #		[]FEMALE		
Date of Birth:	Social Insurance No.	Marital Status:	☐YES ☐ NO #				
Date of Birth:	Social Insurance No.	l		***************************************	[] FEMALE [] OTHER Key Holder:		
Date of Birth:		Single Marri	ed)ivorced	[] FEMALE [] OTHER Key Holder: Widowed Y N		
Date of Birth:		l)ivorced	[] FEMALE [] OTHER Key Holder:		