



**Retail Store**

**Employment Application**

**Personal Data**

Surname		First	Middle	
Address		City/Town	Province	Postal Code
Home Phone Number ( )		Email		
Cell Phone Number ( )				
Business Phone Number ( )				
Are you eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		Class
Are you between the ages of 18 and 65? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are under 18, please state your age _____				
Date		Location		
Have you previously applied for work at a LOEB / METRO retail store? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give				
Date		Location		Supervisor's Name
Have you previously worked at a LOEB / METRO retail store? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give				

**Employment Information**

<b>Department being applied for</b>				
<input type="checkbox"/> Bakery	<input type="checkbox"/> Deli	<input type="checkbox"/> Front end service	<input type="checkbox"/> Grocery	<input type="checkbox"/> Meat
<input type="checkbox"/> Office	<input type="checkbox"/> Produce	<input type="checkbox"/> Other _____		
<b>Type of employment</b>				
<input type="checkbox"/> Full time only (will not consider part time)	<input type="checkbox"/> Days	<input type="checkbox"/> Afternoons/Evenings	<input type="checkbox"/> Nights	
<input type="checkbox"/> Regular part time (24 hours per week or less)	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings	<input type="checkbox"/> Nights
<input type="checkbox"/> Students part time	<input type="checkbox"/> After School	<input type="checkbox"/> Saturdays	<input type="checkbox"/> Other _____	
<b>Salary expectation</b>				
Minimum rate of pay that you will accept \$ _____ per hour				

**Availability**

The store is open seven days per week, Sunday through Saturday and the hours of operation are from 7:30 a.m. to 9:00 p.m. daily, please indicate your preferred hours specifying a.m. and p.m. It is understood that you may be required to work during different days or hours than you have specified below.

Preferred Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Confirmation that you are willing and available to work Sunday  Yes  No Saturday  Yes  No

**Position Interest**

In twenty-five words or less explain why you want to work for our METRO retail food store.

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**Education**

Secondary School		Business, Trade or Technical Studies	
Highest grade or level completed	Type of certificate or diploma received	Name of Course	Length of course
Community College		University	
Name of Program	Length of Program	Length of course	Degree Awarded <input type="checkbox"/> Pass <input type="checkbox"/> Honours
Diploma received <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other courses, workshops, seminars		Major subject	
		Licenses, Certificates, Degrees	

**Skills**

Specify language skills and use of same (speaking, reading, writing)

Describe any of your work-related skills, experience or training that relate to the position being applied for

Activities (Civic, Athletics, etc.)

**Employment Background**

Name and Address of Present/Last Employer	Present/Last Job Title
	Period of Employment From _____ To _____
Type of Business	Type of Employment <input type="checkbox"/> Full Time Perm. <input type="checkbox"/> Regular Part Time <input type="checkbox"/> Student Part Time <input type="checkbox"/> Seasonal
Name of Supervisor	Present/Last Rate of Pay Per Hour \$ _____
Telephone (Business) ( ) (Home) ( )	Average Number of Hours Per Week
	Reason for Leaving or Planning on Leaving
Duties/Responsibilities	

Name and Address of Previous Employer	Previous Job Title
	Period of Employment From _____ To _____
Type of Business	Type of Employment <input type="checkbox"/> Full Time Perm. <input type="checkbox"/> Regular Part Time <input type="checkbox"/> Student Part Time <input type="checkbox"/> Seasonal
Name of Supervisor	Final Rate of Pay Per Hour \$ _____
Telephone (Business) ( ) (Home) ( )	Average Number of Hours Per Week
	Reason for Leaving
Duties/Responsibilities	

Name and Address of Previous Employer	Previous Job Title
	Period of Employment From _____ To _____
Type of Business	Type of Employment <input type="checkbox"/> Full Time Perm. <input type="checkbox"/> Regular Part Time <input type="checkbox"/> Student Part Time <input type="checkbox"/> Seasonal
Name of Supervisor	Final Rate of Pay Per Hour \$ _____
Telephone (Business) ( ) (Home) ( )	Average Number of Hours Per Week
	Reason for Leaving
Duties/Responsibilities	

For employment references, may we approach:

Your present/last employer?  Yes  NoYour previous employer(s)?  Yes  No

List references if different than above on a separate sheet.

If required, would you agree to a medical examination?  Yes  No

Have you attached additional information?

 Yes  No

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 cause my dismissal.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date