



# APPLICATION FOR EMPLOYMENT

<b>PERSONAL INFORMATION</b>		Resume attached? YES <input type="checkbox"/> NO <input type="checkbox"/>	
(Do not complete page 2 if resume is attached)			
Last		First	Second
FULL LEGAL NAME			
No. And Street		City/Town	Postal Code
CURRENT ADDRESS			
Email Address		Daytime Phone #	Evening Phone #
Have you ever been convicted of an offense (other than traffic violation) for which no pardon has been granted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain (if additional space is required, attach separate letter).			
Are you presently bondable?	Has your bond ever been revoked? (if yes, attach explanation)	Are you legally entitled to work in Canada?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a disability which will affect your ability to perform any of the functions of the job you have applied for?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, explain what functions you cannot perform and what accommodations could be made which would allow you to do the work adequately. (If additional space required, attach separate letter).			
Preferred location:	Why?	If necessary, would you accept a transfer?	
Preferred type of work:	1.	2.	3.
Date available:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Willing to work shift work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Salary required: \$	Who referred you to this organization:		

<b>REFERENCES:</b>		Please provide 3 work related references (Preference: supervisory references) (Please do not list family or friends)	
Name (first & last)	Daytime Phone #	Email or Alternate Phone #	
<b>1.</b>	Years known	Where you worked together	Job title
Name (first & last)	Daytime Phone #	Email or Alternate Phone #	
<b>2.</b>	Years known	Where you worked together	Job title
Name (first & last)	Daytime Phone #	Email or Alternate Phone #	
<b>3.</b>	Years known	Where you worked together	Job title

<b>CONSENT AND SELF DECLARATION</b>	
In signing this application form,	
<ul style="list-style-type: none"> <li>I understand that any misrepresentation or omission of facts is cause for cancellation of this application and termination of employment.</li> <li>I hereby consent to have an investigation of references, criminal background check and a credit check to be conducted.</li> <li>I understand that in the event that I am not able to obtain employment at this time, I would like to be provided with up-to-date job opportunities, job postings, newsletters and job fair notices. In following Canada's Anti-Spam Legislation (CASL), Arctic Co-ops is required to regularly obtain my consent to continue forwarding electronic messages (emails). Signing this application form allows Arctic Co-ops to continue sending messages to me. I acknowledge that I can withdraw my consent at any time by contacting Human Resources at Arctic Co-operatives Ltd.</li> </ul>	
Self Declaration: I am a Canadian Aboriginal Person Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please select one: First Nations <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuk <input type="checkbox"/> Metis <input type="checkbox"/>

Printed Full Legal Name of Applicant: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_



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**EMPLOYMENT HISTORY** Current and previous employers will not be contacted without your consent

<b>1. Begin with most recent:</b>		Company Name	Phone Number
No. And Street		City/Town	Prov. Postal Code
Type of Business:	Nature of duties from start to leaving (Give title, responsibility, supervisory experience, etc.)		
Position:			
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp. <input type="checkbox"/>			
Starting Salary: \$	Final Salary: \$		
Employed (month/year)	Reason for leaving	Immediate supervisor	
From: To:		Name:	
No. of people supervised:		Title:	

<b>2. In chronological order</b>		Company Name	Phone Number
No. And Street		City/Town	Prov. Postal Code
Type of Business:	Nature of duties from start to leaving (Give title, responsibility, supervisory experience, etc.)		
Position:			
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp. <input type="checkbox"/>			
Starting Salary: \$	Final Salary: \$		
Employed (month/year)	Reason for leaving	Immediate supervisor	
From: To:		Name:	
No. Of people supervised:		Title:	

<b>3. In chronological order</b>		Company Name	Phone Number
No. And Street		City/Town	Prov. Postal Code
Type of Business:	Nature of duties from start to leaving (Give title, responsibility, supervisory experience, etc.)		
Position:			
Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temp. <input type="checkbox"/>			
Starting Salary: \$	Final Salary: \$		
Employed (month/year)	Reason for leaving	Immediate supervisor	
From: To:		Name:	
No. Of people supervised:		Title:	

**OTHER TIME:** Account for your time during any interval of unemployment other than when you were attending school. (You may decline to list any illnesses or leaves relating to disability.)

Date: (Month/Year)	Explanation
From: To:	
From: To:	