



EMPLOYMENT APPLICATION

Instructions:

Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility and qualifications for a position.

The personal information requested on this form is collected and managed as per applicable Privacy Legislation.

All information to us will be considered as supplied in confidence.

POSITION INFORMATION

<u>LOCATION</u>	<u>POSITION TITLE</u>	<u>START DATE</u>	<u>DATE OF APPLICATION</u> YYYY / MM / DD
FOR GENERAL APPLICATION Indicate (✓) the type of employment you are requesting		<u>Full Time</u> <input type="checkbox"/> <u>Part Time</u> <input type="checkbox"/> <u>Seasonal</u> <input type="checkbox"/>	<u>TYPE(S) OF POSITION – please describe</u>
PERMANENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>			
<u>Which days of the week and hours are you available to work?</u>		<u>Are you available to work weekends?</u>	<u>Are you interested in working in multiple locations or multiple roles?</u>

PERSONAL INFORMATION

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>INITIALS</u>	<u>RESIDENCE TELEPHONE NO.</u> () _____
			<u>MOBILE TELEPHONE NO. – or message</u> () _____
<u>MAILING ADDRESS</u>		<u>CITY</u>	<u>PROVINCE</u>
			<u>POSTAL CODE</u>
<u>LEGAL STATUS TO WORK IN CANADA – documentation may be required</u>		<u>Email Address</u>	
<input type="checkbox"/> CANADIAN CITIZEN	<input type="checkbox"/> LANDED IMMIGRANT/ PERMANENT RESIDENT		
<input type="checkbox"/> WORK PERMIT	<input type="checkbox"/> OTHER – please specify: _____		

EDUCATION & TRAINING

Please describe secondary, post-secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.

NAME OF INSTITUTION OR ORGANIZATION	LOCATION	YEAR TAKEN	AREA OF STUDY / COURSE	GRADE / CERTIFICATION / DIPLOMA / DEGREE	COMPLETED YES NO (✓)
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL AFFILIATIONS/CERTIFICATIONS

List any active memberships, certifications (ie. First Aid)

WORK HISTORY

Have you previously been employed by (Moffatt & Powell RONA)? NO YES, indicate location and dates:

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the *major* duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required.

<u>EMPLOYER AND LOCATION</u>	<u>FROM YYYY / MM / DD</u>	<u>TO YYYY / MM / DD</u>
<u>SUPERVISOR – REFERENCE</u>	<u>REASON FOR LEAVING</u>	
<u>POSITION HELD BY APPLICANT</u>	<u>HOURLY RATE / SALARY</u>	
<u>DUTIES AND SKILLS</u>		



EMPLOYMENT APPLICATION

WORK HISTORY

<u>EMPLOYER AND LOCATION</u>	<u>FROM YYYY / MM / DD</u>	<u>TO YYYY / MM / DD</u>
<u>SUPERVISOR – REFERENCE</u>	<u>REASON FOR LEAVING</u>	
<u>POSITION HELD BY APPLICANT</u>	<u>HOURLY RATE / SALARY</u>	
<u>DUTIES AND SKILLS</u>		

<u>EMPLOYER AND LOCATION</u>	<u>FROM YYYY / MM / DD</u>	<u>TO YYYY / MM / DD</u>
<u>SUPERVISOR – REFERENCE</u>	<u>REASON FOR LEAVING</u>	
<u>POSITION HELD BY APPLICANT</u>	<u>HOURLY RATE / SALARY</u>	
<u>DUTIES AND SKILLS</u>		

SKILLS / EXPERIENCE

Check (✓) areas of skills/experience that you have which relate to the advertised position or, if this is a general application, to the position(s) that interests you, and attach any appropriate documentation.

	NO. OF YEARS/MONTHS EXPERIENCE/ TRAINING	LIST RELATED SKILLS THAT APPLY
<input type="checkbox"/> Managerial		
<input type="checkbox"/> Sales/Cashier/Customer Service (Please specify): _____		
<input type="checkbox"/> Yard/Forklift/Driver (Please specify): _____		
<input type="checkbox"/> Other (Please describe): _____		

Please note: Some of the above positions require frequent bending, long periods of standing and lifting up to 50lbs.

Is there anything that would prevent you from performing the duties of the job? YES NO

Please explain: _____

DRIVER'S LICENSE INFORMATION

Provide the following information if applying for a position where driving is a requirement.

<u>List class(es) of valid driver's license.</u>	<u>List any restrictions / endorsement definitions on license.</u>	<u>If required, do you have access to a vehicle?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--	--

APPLICANT SIGNATURE

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below. (Note: If this application is submitted electronically, it is not valid unless your name is keyed in the "Signature" space provided below).

Your authorization on this application form is your consent that as a condition of being considered for employment at (Moffatt & Powell Ltd.), references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

X _____

DATE SIGNED
YYYY / MM / DD

SIGNATURE (If applying electronically please type your name as authorization)