



FOR OFFICE USE ONLY

Work location	Wage	Other work locations
Position	Date of hiring	

Name _____ Social insurance number _____
 First name Last name

Address _____
 Street City Postal code

Phone number _____ Type of work preferred _____ Full-time

Languages spoken: English French Other _____ Wage expected _____ Part-time

Languages written: English French Other _____ Number of hours preferred _____ Student

Please specify the times you're available in the boxes below
 (e.g., 1 p.m. - 9 p.m.):

	Grade completed, diploma obtained		S	M	T	W	T	F	S
Elementary and high school		Day							
University, technical, business or community college		Evening							
Other studies		Night							

Have you ever worked for Canadian Tire Corporation or an associate store? Yes No

Do you have a permit, a license or a competency card? If so, which one? _____

WORK HISTORY

Start with present or last employer Position held Wage From (month, year) To (month, year) Reason for leaving

Employer Address Immediate supervisor Telephone					
Employer Address Immediate supervisor Telephone					
Employer Address Immediate supervisor Telephone					
Employer Address Immediate supervisor Telephone					

List interests (sports, hobbies, etc.).

List organizations or associations you belong to and your position (past and present) in them. Exclude religious, ethnic, racial or political organizations.

- I authorize _____ (company name) to verify with third parties the accuracy of the information contained in this application. I also authorize _____ (company name) to conduct any other checks relevant to my application and employment.
- I am authorized to work in Canada (only Canadian citizens, landed immigrants and holders of valid work permits are authorized to work in Canada). Please submit proof if requested.
- I agree to undergo a medical examination if requested.
- I understand that any false statement could warrant my dismissal.

Your application will be valid for 90 days. After this time, you will be required to submit a new application should you wish to reapply. The information provided in your application will be used to evaluate your candidacy. Management will keep your application for 90 days. Should you be hired, your application will be placed in your file and kept at the administration office. Members of management will have access to your file. You can also consult your file after first making an appointment with a management representative. Should an error appear in your file, you can request that it be corrected.

Date application filed: _____

Signature: _____