



Today's Date: \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

As an Equal Opportunity Employer, Payless ShoeSource complies with all laws prohibiting discrimination in employment.

(Print) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date Available To Start Work: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_

Check One:  FULL-TIME  PART-TIME

SIN Number \_\_\_\_\_

## HOURS AVAILABLE

## JOB RELATED ACTIVITIES

Please indicate the hours you are available for work each day. Store hours may vary. **If you're available anytime, write ALL by that day.** A reasonable effort will be made to accommodate the religious needs of our Associates.

Please indicate any special skills, vocational/trade training, professional licenses, machines operated, or volunteer experience, including any specific skills, training or experience in the military, which relate to the job for which you are applying.

	SUN	MON	TUES	WED	THURS	FRI	SAT
From:							
To:							

## ADDITIONAL DATA

- Do you meet the minimum age requirement? (16 years: Manitoba, New Brunswick, Nova Scotia, Quebec, Prince Edward Island; 18 years: British Columbia, Ontario, Saskatchewan, Alberta 19 years: Newfoundland) ( ) Yes ( ) No
- Are you legally authorized to work in Canada? ( ) Yes ( ) No
- Have you ever submitted an application with or been employed by Payless before? ( ) Yes ( ) No. If yes, please give date(s) and location(s) \_\_\_\_\_
- How were you referred to Payless: \_\_\_\_\_
- Do you have relatives working for Payless ShoeSource? (*Payless only prohibits employment of relatives if there will be a direct or indirect reporting relationship.*) ( ) Yes ( ) No. If yes, give name(s) and location(s) \_\_\_\_\_

## EMPLOYMENT RECORD

List places of employment including temporary and regular employment **beginning with most recent employer.** May we contact your previous employers for a reference? ( ) Yes ( ) No

Dates	Name and Address of Employer	Position Held and Supervisor	Job Duties	Wages	Reason for Leaving
From: _____ mo. yr.	Name _____ Address _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo. yr.	Phone: _____ Zip: _____				
From: _____ mo. yr.	Name _____ Address _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo. yr.	Phone: _____ Zip: _____				
From: _____ mo. yr.	Name _____ Address _____	Your Job Title _____ Supervisor _____		Starting _____ Final _____	
To: _____ mo. yr.	Phone: _____ Zip: _____				

## EDUCATION

Type of School	Name and Location of School	Degree/ Area of Study	Years Completed	Graduated (Check One)
High School	Name _____			Yes <input type="checkbox"/> No <input type="checkbox"/>
	City _____ Province _____ Postal Code _____			<input type="checkbox"/> <input type="checkbox"/>
College	Name _____			Yes <input type="checkbox"/> No <input type="checkbox"/>
	City _____ Province _____ Postal Code _____			<input type="checkbox"/> <input type="checkbox"/>
Other	Name _____			Yes <input type="checkbox"/> No <input type="checkbox"/>
	City _____ Province _____ Postal Code _____			<input type="checkbox"/> <input type="checkbox"/>

## REFERENCES

## CRIMINAL RECORD

List two individuals who have knowledge of your work ethic, experience and ability. Do not include relatives.

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you been convicted of a crime, other than one for which a pardon was received, or violation of a provincial act? ( ) Yes ( ) No. If yes, please state dates, nature of offenses, and where convicted. (*A conviction may be relevant if job-related, but not necessarily a bar to employment.*)

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## APPLICANT CERTIFICATIONS AND ACKNOWLEDGMENTS

I certify that all information given in this application is true and correct, and agree that any falsification, misrepresentation, or omission of a material fact may disqualify me from further consideration for employment, and may provide justification for discharge if discovered at a later date. I understand that the Company may make an investigation of my work and personal history, and I authorize all persons, schools, credit bureaus, and

companies, named in this application, and law enforcement agencies to supply any information concerning my background that may be required to make an employment decision and release them from liability for doing so. I acknowledge that the Company may request a medical exam. I consent and agree to such an exam, if required, now or in the future.

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

Company Representative or Store Manager \_\_\_\_\_ Date \_\_\_\_\_