

APPLICATION FOR EMPLOYMENT



GENERAL DATA				DATE OF APPLICATION	
NAME IN FULL		LAST	FIRST	MIDDLE	
ADDRESS	NO & STREET	CITY OR TOWN	PROVINCE	POSTAL CODE	PHONE NO
PREVIOUS ADDRESS IN CANADA?				DATES YOU LIVED THERE	
HAVE YOU EVER BEEN INTERVIEWED FOR A POSITION AT SOBEYS INC?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, BY WHOM?	LOCATION?
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE FOR WHICH A PARDON HAS NOT BEEN GRANTED?	ARE YOU BONDABLE?
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
RELATIVES WORKING FOR THIS COMPANY		NAME	RELATIONSHIP	WHERE?	

EMPLOYMENT HISTORY		PLEASE RECORD LAST THREE POSITIONS BEGINNING WITH MOST RECENT EMPLOYER					
PRESENT OR LAST EMPLOYER	EMPLOYMENT DATES		TITLE/POSITION	SUPERVISOR'S NAME	SALARY		REASON FOR LEAVING
	FROM	TO			START	FINISH	
	MONTH	YR.	MONTH	YR.	SUPERVISOR'S TITLE & PHONE NUMBER		
ADDRESS		NATURE OF DUTIES (BE SPECIFIC)					
PHONE NO							
SECOND LAST EMPLOYER	EMPLOYMENT DATES		TITLE/POSITION	SUPERVISOR'S NAME	SALARY		REASON FOR LEAVING
	FROM	TO			START	FINISH	
	MONTH	YR.	MONTH	YR.	SUPERVISOR'S TITLE & PHONE NUMBER		
ADDRESS		NATURE OF DUTIES (BE SPECIFIC)					
PHONE NO							
THIRD LAST EMPLOYER	EMPLOYMENT DATES		TITLE/POSITION	SUPERVISOR'S NAME	SALARY		REASON FOR LEAVING
	FROM	TO			START	FINISH	
	MONTH	YR.	MONTH	YR.	SUPERVISOR'S TITLE & PHONE NUMBER		
ADDRESS		NATURE OF DUTIES (BE SPECIFIC)					
PHONE NO							

CHARACTER/WORK REFERENCES			
1	NAME	OCCUPATION	BUSINESS OR HOME ADDRESS
BUSINESS OR HOME PHONE NO			
2			
3			

ARE YOU SIXTEEN (16) YEARS OF AGE OR OVER? YES NO

POSITION APPLIED FOR

 FULL-TIME

 PART-TIME

 BOTH

TYPE OF WORK DESIRED (1ST CHOICE)		(2ND CHOICE)	
DATE AVAILABLE FOR EMPLOYMENT	SALARY EXPECTED	LOCATION PREFERENCE (IF ANY)	WOULD YOU BE WILLING TO ACCEPT A TRANSFER? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU EMPLOYED NOW? YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THIS COMPANY? YES <input type="checkbox"/> NO <input type="checkbox"/>	DATES	
HAVE YOU EVER BEEN RELEASED OR DISCHARGED FROM A JOB? (INCLUDE LAY-OFFS) YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, GIVE DETAILS YES <input type="checkbox"/> NO <input type="checkbox"/>	

AVAILABILITY

ARE YOU ABLE TO WORK	PLEASE WRITE IN THE EARLIEST TIMES THAT YOU ARE ABLE TO START WORK.						
MORNING SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>	SUN.	MON.	TUES.	WED.	THURS.	FRI.	SAT.
AFTERNOON SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>	Morning						
EVENING SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>	Afternoon						
NIGHT SHIFT YES <input type="checkbox"/> NO <input type="checkbox"/>	Evening						
WEEKENDS YES <input type="checkbox"/> NO <input type="checkbox"/>	Night						

EDUCATION

NAME OF SCHOOL	ATTENDED		TYPE OF COURSE	AVERAGE% ACHIEVED	HIGHEST GRADE COMPLETED
	FROM	TO			
HIGH SCHOOL	MONTH YEAR	MONTH YEAR			
COLLEGE	MONTH YEAR	MONTH YEAR			DEGREES/DIPLOMAS
UNIVERSITY	MONTH YEAR	MONTH YEAR			
BUSINESS OR VOCATIONAL	MONTH YEAR	MONTH YEAR			CERTIFICATES
OTHER	MONTH YEAR	MONTH YEAR			
WHICH OF THE TWO OFFICIAL LANGUAGES (ENGLISH AND FRENCH) DO YOU SPEAK? ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> BOTH <input type="checkbox"/>	WHICH OF THE TWO OFFICIAL LANGUAGES (ENGLISH AND FRENCH) DO YOU WRITE? ENGLISH <input type="checkbox"/> FRENCH <input type="checkbox"/> BOTH <input type="checkbox"/>		LIST ACADEMIC AWARDS AND ACHIEVEMENTS		
HIGH SCHOOL OR UNIVERSITY ACTIVITIES ATHLETICS <input type="checkbox"/> DRAMATICS <input type="checkbox"/>	SOCIAL <input type="checkbox"/> OTHER (DESCRIBE) <input type="checkbox"/>		OFFICES HELD:		
COMPUTER SKILLS BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED <input type="checkbox"/>	ANY TRADE?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
ACTIVITIES (COMMUNITY, ATHLETIC AND/OR PRESENT OR PAST MEMBERSHIPS IN GROUPS)				DO (DID) YOU HOLD ANY OFFICE?	

I declare that the facts set forth above in my application for employment are true and complete. I understand that if I am employed, false statements on this application or non-disclosure of facts shall be sufficient cause for dismissal regardless of seniority or other considerations. I understand that a consumer report may be obtained in connection with this application to support my continuing employment with the company. I hereby authorize all my former employers to release to Sobeys all information about me and my employment with those employers for purposes of allowing Sobeys to evaluate my suitability for employment.

DATE _____ SIGNATURE OF APPLICANT _____

OFFICE USE ONLY

Store # _____ Position Interviewed For _____ Prescreened by _____