



# CALGARY CO-OP HOME HEALTH CARE LIMITED

## Employment Application

1. Complete legibly.
2. Attach resumé, if applicable.

### PERSONAL

Family Name

First Name

Address (No., Street, Apt. No., City, Province, Postal Code)

E-mail address

Home Telephone

Business Telephone

( )

( )

Are you 15 years of age or older?

yes  no

Family or friends at Calgary Co-op?  yes  no

Name \_\_\_\_\_

Have you ever worked for Calgary Co-op before?  yes  no

If yes, when: \_\_\_\_\_

Have you ever been discharged from any position?  
If yes, explain. (if additional space required, attach separate letter)  yes  no

Have you ever been convicted of an offence(s), for which you have not received an unrevoked pardon, under the Criminal Code, the Food & Drug Act or Narcotic Control Act?  
If Yes, explain (if additional space required, attach separate letter).  yes  no

Do you have any illness, disability or physical limitations which may prevent you from regularly lifting or carrying 10 Kg?  yes  no

Are you legally entitled to work in Canada?  
If on temporary work permit, what is the expiry date? \_\_\_\_\_  yes  no

Do you have any illness, disability or physical limitations which may prevent you from doing work of a repetitive nature?  yes  no

### JOB INTEREST

Store or area of city preferred: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ e.g. N.W. N.E. S.E. S.W.  
Home Health Care

Type of work

1. \_\_\_\_\_ 2. \_\_\_\_\_

Preference for

Full-time  Part-time

Weekend Work?

yes  no

Date Available:

Rate of pay expected:

Who referred you to this organization:

### AVAILABILITY (Specify for 24 hour period, Retail hours range from 5 am - 11pm)

Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From AM							
To PM							

### EDUCATION (Highest level achieved)

High School	From	Name	Academic <input type="checkbox"/> Vocational <input type="checkbox"/> Other <input type="checkbox"/>	Grade	Achieved required credits for diploma Yes <input type="checkbox"/> No <input type="checkbox"/>
	To	Location Province			
College or University Business, Trade or other school	From	Name	Specify degree or diploma obtained		
	To	Location Province			

### PERSONAL REFERENCES

Give three personal references who have known you well during the last five or more years excluding relatives and former employers.  
(you may decline to list ministers of religion)

Name (include first name or initials)	Address (No., Street, Apt. No., City, Province, Postal Code)	Telephone	Years Known	Present or most recent occupation

# EMPLOYMENT HISTORY

Circle the number of any of the employers that you do not want us to contact at this time

1 2 3

1

Company Name

Telephone #

( )

Address (No., Street, Apt. No., City, Province, Postal Code)

Type of business

Nature of duties from start to time of leaving (give title, responsibility, supervisory experience, etc.)

Position

Full-time  Part-time  Temp

Salary Start

Final

\$

\$

If you were a supervisor, number of people supervised:

Employed (month and year)

Reason for leaving

Immediate supervisor

From

Name

To

Title

2

Company Name

Telephone #

( )

Address (No., Street, Apt. No., City, Province, Postal Code)

Type of business

Nature of duties from start to time of leaving (give title, responsibility, supervisory experience, etc.)

Position

Full-time  Part-time  Temp

Salary Start

Final

\$

\$

If you were a supervisor, number of people supervised:

Employed (month and year)

Reason for leaving

Immediate supervisor

From

Name

To

Title

3

Company Name

Telephone #

( )

Address (No., Street, Apt. No., City, Province, Postal Code)

Type of business

Nature of duties from start to time of leaving (give title, responsibility, supervisory experience, etc.)

Position

Full-time  Part-time  Temp

Salary Start

Final

\$

\$

If you were a supervisor, number of people supervised:

Employed (month and year)

Reason for leaving

Immediate supervisor

From

Name

To

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 of absence relating to disability)

Employed (month and year)

Explanation

From

To

Employed (month and year)

Explanation

From

To



## APPLICATION STATEMENT



I understand that the personal information on this form is being collected for the purpose of establishing and maintaining an employment relationship and may be disclosed without my further consent within Calgary Co-operative Association Limited and its wholly-owned subsidiaries. The personal information will not be disclosed to any third party, other than for the purpose of verifying my employment, without my consent. By signing below I am consenting to the collection, use and disclosure of this information by Calgary Co-operative Association Limited and its wholly owned subsidiaries for the purposes stated. I understand that if this application does not result in employment with Calgary Co-operative Association Limited or its wholly-owned subsidiaries, that the application and personal information contained herein will be retained for six months and then destroyed.

In signing this application, I understand that any misrepresentation or omission of facts is cause for cancellation of this application or termination of employment. I hereby consent to have an investigation of work and personal references, security check, and a credit investigation conducted.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_