



APPLICATION FOR EMPLOYMENT

Position applying for:

Date available to begin:

PERSONAL DATA

Last Name: Given Name: Social Ins. No:
(To be completed upon hire)

Address: Apt. No.: Home Phone:
(Include Area Code)

City: Province: Postal Code: Bus Phone:
(Include Area Code)

Hourly pay expectations? May we contact you at work? Yes No

Are you legally entitled to work in Canada? Yes No

Have you ever been convicted of a criminal offense for which a pardon has not been granted? Yes No

Preferred Locations:

Do you have a valid Drivers License? (Only if applicable for position) Yes No

Are you 16 years of age or older? Yes No

EDUCATION RECORD

Educational establishment	Highest grade/level	Program/Course Name	Program/Course Length	Degree/Diploma/Certificate Received
High School				
College/University				
Other				

Languages: English French Other (please specify)

Other Skills:

GENERAL INFORMATION

How were you referred to Super Auto Centres (Friend, Newspaper, Recruitment agency, etc.)?

Have you ever been employed by Super Auto Centres? Yes No If YES, complete below:

Total years of service: Last position held:

Store location: Date/Reason for Leaving:

REFERENCES (not relatives)

Name	Years known	Occupation	Telephone #

EXPERIENCE (give present or most recent position first. If additional space is needed, attach separate sheet)1) **Company Name:**

Address/phone number:

Type of business/industry:

Employed from:

Month:

Year:

Position(s) held:

Supervisor's name/position:

Describe your duties:

Hourly rate:

May we contact?

Yes

No

Reason for leaving:

2) **Company Name:**

Address/phone number:

Type of business/industry:

Employed from:

Month:

Year:

Position(s) held:

Supervisor's name/position:

Describe your duties:

Hourly rate:

May we contact?

Yes

No

Reason for leaving:

AVAILABILITY

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge and belief, the answers given by me to the foregoing questions and all statements made by me in this application are correct. I understand that any false information or material omission contained in this application is cause for my immediate dismissal. I understand and accept that should I be granted the position I am applying for, the first 90 days of employment will be considered a probationary period during which time Super Auto Centres can terminate my employment, at its discretion without written notification. I hereby authorize Super Auto Centres or any of its representatives to verify the information given by me on this application.

Date: Applicant Signature: Interviewer: Date: **FOR OFFICE USE ONLY** (** To be completed only after an offer of employment has been accepted **)Date hired: Location: Start. hourly rate: Position: Start Date: *IN CASE OF EMERGENCY*Name: Phone #: Relationship:

If you have any relatives working for Super Auto Centres, provide us with the name, relationship and location:

Do you have any physical or mental handicaps/allergies or any other medical conditions that could effect your ability to perform the essential duties of the job? If so, what accommodations do you require?

Do you require/possess a valid work permit? (if applicable) Yes No Exp Date: Restrictions? Yes No Male Female