



Metro Ontario Inc.

Employment Application

Please print clearly in ink - Answer all questions completely

Position Applied for: _____

Type of Employment: Full Time Part Time Location: Store Distribution Centre Pharmacy

Personal Data

Last Name		First Name		Middle Name
Address			Apt/Unit #	City
Province	Postal Code	Home Telephone #		Alternate Telephone #
Have you ever worked for our company?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Position: _____		From: _____ To: _____		Location: _____
Do you have a spouse, child, or parent employed by our organization?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please indicate relationship? _____ and work location: _____				
Are you under the age of 18? :		Yes <input type="checkbox"/> No <input type="checkbox"/>		If lifting is a bona fide occupational requirement are you capable of heavy repetitive lifting? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state your age _____				
Are you currently enrolled in school?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you legally entitled to work in Canada: Yes <input type="checkbox"/> No <input type="checkbox"/>

Educational Background

Secondary School Highest Grade or Level Completed _____ Diploma Received? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify _____		Business, Trade or Technical School Name of Course _____ Length of Course _____ License, Certificate or Diploma Received? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify _____	
Community College Name of Course _____ Length of Course _____ Diploma Received? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify _____		University Name of Course _____ Length of Course _____ Degree Received? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify _____	
Other courses, workshops, seminars or work related skills: _____ _____ _____			

Employment History

Name & Address of Present /Previous Employer _____

Type of Business: _____ Telephone Number: _____

Period of Employment: From: _____ To: _____

Job Title: _____ Supervisor's Name: _____

Duties / Responsibilities: _____

Reason for Leaving: _____

Name & Address of Present /Previous Employer _____

Type of Business: _____ Telephone Number: _____

Period of Employment: From: _____ To: _____

Job Title: _____ Supervisor's Name: _____

Duties / Responsibilities: _____

Reason for Leaving: _____

Other

For employment references may we approach your present employer? Yes No Your previous employer? Yes No

List references if different than above on a separate sheet. Have you attached an additional sheet? Yes No

Have you ever been convicted of a criminal offence, other than one for which a pardon has been granted under the Criminal Records Act (Canada)? Yes No If yes, please provide particulars: _____

I understand my employment may be contingent upon completion of a Criminal Record Check and its review. Yes No

Availability

If the location you are applying to is open seven days per week, Sunday through Saturday please indicate your preferred hours specifying a.m. or p.m. We encourage you to be as flexible as possible as availability will be considered in any hiring decision. It is understood that you may be required to work during different days or hours than you have specified below.

Preferred Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Please confirm that you are willing and available to work Sunday Yes No Saturday Yes No

I hereby authorize investigation of all statements obtained in this application including the obtaining of a Criminal Record Check to Metro Ontario Inc. I affirm said information is true and complete to my knowledge and I understand that any misrepresentation, falsification or willful omission herein shall be sufficient reason for dismissal from, or refusal of employment.

Applicant Signature _____ Date: ____ / ____ / ____

THIS SECTION TO BE COMPLETED BY INTERVIEWER - AFTER HIRING * PLEASE PRINT CLEARLY *

HIRED AS: FT PT DEPARTMENT: _____ LOCATION: _____

RATE OF PAY: \$ _____ START DATE: _____

INTERVIEWED BY: _____ TITLE: _____

Print Name Signature Date