



APPLICATION FOR EMPLOYMENT

Date of Application: _____

Applied at (please check one): 70 Princess St. 17-2136 McPhillips St. 3431 Portage Ave.
16 Main St., Ashern, MB 317 St. Anne's Rd. 1540 Pembina Hwy. Online Fax

PERSONAL INFORMATION

First Name	Last Name	Home Phone	Cell/Other
Address (Street)		Apt	City Province Postal Code
Email		Are you entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please indicate languages spoken and written: _____

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

EMPLOYMENT DESIRED

What position are you applying for? (Please check all that apply):

Retail Clerk Production/Warehouse Driver Driver Assistant Volunteer
Administration Management Other

Are you available for? Full Time Part Time

What is your availability?:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Have you ever been employed by Canadian Goodwill Ind. before? Yes No

If Yes:

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Date From To What was your position when you left?

What source referred you to this company? _____

EDUCATION

High School:

NAME OF SCHOOL	# OF YEARS COMPLETED	FROM	TO	GRADE 12 DIPLOMA
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Post Secondary:

NAME OF INSTITUTION	# OF YEARS COMPLETED	FROM	TO	MAJOR / MINOR

Degree(s) / Certification(s):

Additional Courses, Seminars, Work Shops (if applicable):

Describe any work related skills, experience or training that is related to the position being applied for:

EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)

COMPANY NAME	ADDRESS	PHONE NUMBER
JOB TITLE _____	LENGTH OF EMPLOYMENT: _____	From _____ To _____
REASON FOR LEAVING _____		
DUTIES / RESPONSIBILITIES _____		
IMMEDIATE SUPERVISOR:	_____	_____
	First Name	Last Name
Phone #:	_____	Email #: _____
MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	SALARY/WAGE : _____	

COMPANY NAME	ADDRESS	PHONE NUMBER
JOB TITLE _____	LENGTH OF EMPLOYMENT: _____	From _____ To _____
REASON FOR LEAVING _____		
DUTIES / RESPONSIBILITIES _____		
IMMEDIATE SUPERVISOR:	_____	_____
	First Name	Last Name
Phone #:	_____	Email #: _____
MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	SALARY/WAGE : _____	

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DUTIES / RESPONSIBILITIES _____		
IMMEDIATE SUPERVISOR:	_____	_____
	First Name	Last Name
Phone #:	_____	Email #: _____
MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>	SALARY/WAGE : _____	

REFERENCES

LIST TWO REFERENCES TO WHOM WE MAY REFER (NON-RELATIVES):

1) NAME	OCCUPATION	TELEPHONE
2) NAME	OCCUPATION	TELEPHONE

OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS

AGREEMENT

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME TO THE FORGOING 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 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 CANADIAN GOODWILL INDUSTRIES CORP. CAN TERMINATE MY EMPLOYMENT AT ITS DISCRETION WITHOUT NOTIFICATION. I HEREBY AUTHORIZE CANADIAN GOODWILL INDUSTRIES CORP. AND/OR ANY OF ITS REPRESENTATIVES TO VERIFY THE INFORMATION GIVEN ON THIS APPLICATION.

SIGNATURE _____ DATE _____

****All new Canadian Goodwill Employees may be subject to a criminal record check****