



Employment Application

Please **PRINT** clearly in ink and answer all questions completely.

Metro is committed to accommodating applicants and employees with disabilities. Should you require accommodation or this job application to be available in an accessible format, please advise.

Position Applied for:			
Type of Employment:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Store <input type="checkbox"/> Pharmacy <input type="checkbox"/> Distribution Center <input type="checkbox"/>

PERSONAL INFORMATION

Last Name		First Name	
Address		City	Postal Code
Province	Email Address	Home Telephone # ()	Mobile/Alternate Telephone # ()

Have you ever worked for our Company before? (Metro, Food Basics) Yes No

If yes, please complete the following:

Position: _____ From: _____ To: _____ Location: _____

Are you under the age of 18? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state your age _____ Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a criminal offence for which a pardon has not been granted? 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"/>
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HOURS OF AVAILABILITY

Please specify your availability for **each day** by indicating your **earliest start time** and your **latest end time** (i.e. 7am-11pm) You may be required to work during different days or hours than you have specified below. Scheduled hours vary each week.

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Earliest Start Time							
Latest End Time							

Are you available to work overnight shifts? Yes No

STORE AND PHARMACY POSITIONS ONLY

At Metro and Food Basics we pride ourselves on delivering the best shopping experience to our customers. Describe what you would do to ensure that our customers receive great customer service.

EMPLOYMENT: Please list in order your three most recent jobs.		
Employer Name	Location	Telephone # ()
Period of Employment: Start Date:	End Date:	Supervisor Name
Describe Duties/Responsibilities		
Reason for Leaving		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer Name	Location	Telephone # ()
Period of Employment: Start Date:	End Date:	Supervisor Name
Describe Duties/Responsibilities		
Reason for Leaving		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

Employer Name	Location	Telephone # ()
Period of Employment: Start Date:	End Date:	Supervisor Name
Describe Duties/Responsibilities		
Reason for Leaving		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION		
Program	Status	Certificate, Diploma, Degree Obtained
High School	<input type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> not completed	
Trade / Technical	<input type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> not completed	
College	<input type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> not completed	
University	<input type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> not completed	
Please list any other courses, workshops, seminars or training completed (may include volunteer work).		

ADDITIONAL REFERENCES			
If you have not provided work references, please list two references that we may contact. Do not include relatives.			
Name	Occupation	Relationship	Telephone
1.			()
2.			()

I confirm the information I have provided on this form is true and complete. I understand that if it is not, I will be dismissed or not offered employment. I authorize Metro Ontario Inc. to verify the information and to conduct a criminal record check where required.

APPLICANT SIGNATURE _____ DATE _____

TO BE COMPLETED BY INTERVIEWER	HIRED AS: FT PT	START DATE: _____
DEPARTMENT: _____	LOCATION/STORE #: _____	RATE OF PAY: \$ _____
INTERVIEWER NAME (Print) _____	POSITION _____	SIGNATURE _____
		DATE _____