



PS015

Application For Employment: Pharmasave # _____

PERSONAL DATA:

NAME:			PHONE NO:				
Last	First	Middle					
PRESENT ADDRESS:							
Apt.	Number	Street	City	Province	Postal Code		
PREVIOUS ADDRESS:							
Apt.	Number	Street	City	Province	Postal Code		
HOW LONG AT PRESENT ADDRESS:			HOW LONG AT PREVIOUS ADDRESS:				
EDUCATION (GRADE COMPLETED/DEGREE RECEIVED):							
TRANSPORTATION: <input type="checkbox"/> OWN CAR <input type="checkbox"/> BUS <input type="checkbox"/> OTHER, SPECIFY:							
POSITION APPLIED FOR:							
TYPE OF POSITION:			FULL TIME: <input type="checkbox"/> PART TIME: <input type="checkbox"/> OTHER: <input type="checkbox"/>				
DATE AVAILABLE:			AVAILABLE: WEEKDAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/>				
RECORD OF EMPLOYMENT:							
Start Date		Leaving Date		Company Name and Address	Last Position	Leaving Salary	Reason For Leaving
Month	Year	Month	Year				
SPECIFIC SKILLS:							
<input type="checkbox"/> CASH REGISTER		<input type="checkbox"/> CALCULATOR		<input type="checkbox"/> TYPING SPEED _____ wpm			
<input type="checkbox"/> COMPUTER		<input type="checkbox"/> SWITCHBOARD		<input type="checkbox"/> OTHER (SPECIFY)			
Have you ever worked for this company? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, date:							
Do you have any relations working for the company? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, specify name/relationship:							
Are you legally entitled to work in Canada? No <input type="checkbox"/> Yes <input type="checkbox"/>							
Have you any physical or health limitations that could effect your job performance? No <input type="checkbox"/> Yes <input type="checkbox"/>							
If yes, specify:							
Have you any obligations/responsibilities which could interfere with your attendance? No <input type="checkbox"/> Yes <input type="checkbox"/>							
If yes, specify:							

Live well with





GETTING TO KNOW YOU:

Tell us why you would like to work in our store:

Tell us what you do to improve your health and "Live Well":

I hereby certify that this information is correct and understand that the falsification of any information contained herein will be sufficient grounds for termination of employment. Also, I authorize you to obtain information regarding me, as permitted by law, and to furnish other particulars of this application and subsequent employment experience. As applicable, I will submit to a medical examination as a condition of employment. If employed, this application will comprise part of my employment record.

Applicant's Signature: _____ Date: _____

↓ APPLICANT: DO NOT WRITE BELOW THIS LINE ↓

INTERVIEWER'S COMMENTS

Call Back For Interview: Yes No

Manager's Signature: _____

If Employed, Submit the Completed Application Form With Employment Records.