



The Great Atlantic & Pacific Company of Canada, Limited

APPLICATION FOR EMPLOYMENT Please print clearly in ink – Answer all questions **completely and independently**

POSITION BEING APPLIED FOR: _____	FULL TIME: _____ PART TIME: _____ EITHER: _____
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PERSONAL DATA

Last Name	First Name	Middle Name
Address	Apt. #	City
Province	Postal Code	Home Telephone # (including area code) Cell Phone #(including area code)

Have you ever worked for our company? Yes: _____ No: _____ If yes, give details below:
 Position: _____ From: _____ To: _____ Supervisor: _____ Location: _____

Are you legally entitled to work in Canada: Yes <input type="checkbox"/> No <input type="checkbox"/>	If lifting is a bona fide occupational requirement.
Are you between the age of 18 and 65? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please state your age: _____	Are you capable of heavy repetitive lifting? Yes <input type="checkbox"/> No <input type="checkbox"/>

I agree to work Sundays Yes No If response is no, please indicate reason: _____.

PART TIME SUGGESTED AVAILABILITY

If applying for Part time employment, please indicate your scheduling availability by filling in the earliest start time and the latest finish time for shifts.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
Finish							

Availability will be considered in hiring decision.

To determine your qualification for employment, please provide below, information related to your academic and other achievements including volunteer work, as well as employment history. Additional information may be attached on a separate sheet.

EDUCATION

SECONDARY SCHOOL <input type="checkbox"/>	BUSINESS or TRADE <input type="checkbox"/>
Highest Grade or Level completed	Name of course: _____ Length of course: _____
Type of certificate Or diploma obtained:	Licences, certificate or diploma awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No
COMMUNITY COLLEGE <input type="checkbox"/>	UNIVERSITY <input type="checkbox"/>
Name of Program: _____ Length of Program _____	Length of course: _____ Degree awarded? <input type="checkbox"/> Pass <input type="checkbox"/> Honours No. of Years completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Major subject: _____
Other courses, workshops, seminars:	Licences, Certificates, Degrees: _____

WORK RELATED SKILLS

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

