



FEDERATED CO-OPERATIVES LIMITED APPLICATION FOR EMPLOYMENT

PERSONAL
AND
CONFIDENTIAL

The information on this application form will be used to evaluate your suitability for employment. If hired, the information will be used to communicate with you on any matters relating to your employment and to determine your suitability for future promotion within FCL or the Co-operative Retailing System. Please carefully read and complete all areas of this application and sign the personal consent section on the last page.

NAME		Last	First	Second	RESUME ATTACHED
					Yes <input type="checkbox"/> No <input type="checkbox"/>
ADDRESS		No. And Street	City or Town	Province	Postal Code
					TELEPHONE
Have you ever been convicted of an offense (other than a traffic violation) for which a pardon has not been granted?		Yes <input type="checkbox"/>	If Yes, explain (If additional space required, attach a separate letter).		Are you presently bondable?
		No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a disability or condition which will affect your ability to perform any of the functions of the job for which you have applied?		Yes <input type="checkbox"/>	If Yes, explain what functions you cannot perform and what accommodations could be made which would allow you to do the work adequately. (If additional space required, attach separate letter).		Has your bond ever been revoked?
		No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach explanation)
Location Preferred				Reason	If necessary, would you accept a transfer?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Work Preferred					
1.		2.		3.	
Date Available		Preference for (if applicable):			Availability:
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual			<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends
Salary Required		Who referred you to our organization?			

EDUCATION	DATES ATTENDED	SCHOOL NAME AND ADDRESS	MAJOR FIELD	ATTAINMENT
HIGH SCHOOL	From _____ MONTH YEAR	Name _____	Academic <input type="checkbox"/>	Highest Grade Completed Achieved Required Credits? Yes <input type="checkbox"/> No <input type="checkbox"/>
	To _____ MONTH YEAR	Location _____ Province _____	Vocational <input type="checkbox"/> Other <input type="checkbox"/>	
COLLEGE OR UNIVERSITY	From _____ MONTH YEAR	Name _____		Specify Degree or Diploma Obtained
	To _____ MONTH YEAR	Location _____ Province _____		
BUSINESS, TRADE OR OTHER SCHOOL	From _____ MONTH YEAR	Name _____		Specify Certification Obtained
	To _____ MONTH YEAR	Location _____ Province _____		

EMPLOYMENT HISTORY (BEGIN WITH MOST RECENT) Circle the number of the employer whom you do not wish us to contact at this time. 1 2 3

1. COMPANY NAME:		TELEPHONE #	
STREET ADDRESS		CITY	PROVINCE
		POSTAL CODE	
TYPE OF BUSINESS:		NATURE OF DUTIES FROM START TO LEAVING	
POSITION:			
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>			
STARTING SALARY \$	CURRENT SALARY \$		
EMPLOYED FROM:		REASON FOR LEAVING	IMMEDIATE SUPERVISOR
TO:			Name:
NO. OF PEOPLE SUPERVISED:			Title:

2. COMPANY		TELEPHONE #:
NAME:		
STREET ADDRESS	CITY	PROVINCE POSTAL CODE
TYPE OF BUSINESS:	NATURE OF DUTIES FROM START TO LEAVING	
POSITION:		
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>		
STARTING SALARY \$	FINAL SALARY \$	
EMPLOYED FROM: _____ MONTH _____ YEAR	REASON FOR LEAVING	IMMEDIATE SUPERVISOR
TO: _____ MONTH _____ YEAR		
NO. OF PEOPLE SUPERVISED:		Name: Title:

3. COMPANY		TELEPHONE #:
NAME:		
STREET ADDRESS	CITY	PROVINCE POSTAL CODE
TYPE OF BUSINESS:	NATURE OF DUTIES FROM START TO LEAVING	
POSITION:		
FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>		
START SALARY \$	FINAL SALARY \$	
EMPLOYED FROM: _____ MONTH _____ YEAR	REASON FOR LEAVING	IMMEDIATE SUPERVISOR
TO: _____ MONTH _____ YEAR		
NO. OF PEOPLE SUPERVISED:		Name: Title:

OTHER TIME	Account for your time during any interval of unemployment other than when you were attending school. (You may decline to list any illnesses or leaves of absences relating to disability).
Date (Month And Year)	Explanation
From _____ MONTH _____ YEAR To _____ MONTH _____ YEAR	
From _____ MONTH _____ YEAR To _____ MONTH _____ YEAR	

REFERENCES	Give three personal references who have known you well during the last five or more years excluding relatives & former employers. (You may decline to list ministers of religion).					
Name Include First Name Or Initials	No. And Street	Address City Or Town	Province	Telephone	Years Known	Present Or Most Recent Occupation

ADDITIONAL INFORMATION	Co-op background, interests, extracurricular activities, special skills such as equipment operated, languages spoken/written, computer skills, academic honors, scholarships, etc. (You may decline to list organizations that would depict your race, religion, ancestry or disabilities).

I HEREBY CONSENT TO THE COLLECTION OF THE INFORMATION IN THIS APPLICATION AND TO ITS USE FOR THE STATED PURPOSES.

I ALSO CONSENT TO HAVE AN INVESTIGATION OF WORK AND PERSONAL REFERENCES, CRIMINAL RECORD AND CREDIT. IN SIGNING THIS APPLICATION, I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR CANCELLATION OF THIS APPLICATION OR TERMINATION OF EMPLOYMENT.

SIGNATURE OF APPLICANT _____ DATE _____