



Application For Employment

Personal Information								Date of App	Date of Application:		
Last Name:				Mide	dle Init	tial:		First Name: .	. First Name:		
Address:				City:	:						
Province:				Post	al Cod	e:		Home Phone			
Alternate Telephone #:					ail:						
Position											
Position applying for:								□ Soccopal	Tomporary		
Are you interested in:									remporary	••••••	
How did you learn abou								•			
now did you learn abou	it this oppo	orturnty	′'	••••••	••••••	••••••	•••••	••••••	••••••	••••••	
Availability											
Date available to start (a	d/mm/vvv	v):									
Indicate when you are av	ailable to b	e sched	luled (specify	a.m. or p	.m.). Di	ue to the	nature of our l	business, the more a	ıvailable you are,		
	· · · · · · · · · · · · · · · · · · ·		Sunday		Monday		Tuesday	Wednesday	Thursday	Friday	
From						•					
То				:		:		:	:		
Overnight yes/no		<u>:</u>		<u>:</u>						. <u>i</u> i	
Institution Type Completion High School Year Completed					Type of Certification/Dipid			Dipioma/Degree R	oma/Degree Received		
Post Se	condary	□ 1	□2 □3	□4 □] 5						
	work-relate f riends . e:	ed refere		Posi	tion Tit	tle:		Name of Cor	npany:		
Address:											
Can we contact them:									Duties:		
Date of Employment:				Keas	son for	Leaving]:	Duties:	Duties:		
Supervisor's Name:											
Address:											
Can we contact them:											
Date of Employment:				Reas	son for	Leaving	j:	Duties:	Duties:		
I certify that the information my disqualification of information set forth on companies, corporation On the first day of empadministration), Social II understand that the fir of termination of emplo	rom consice this applice s, credit but loyment I a nsurance N st 3 month	deration ation ar ureaus, agree to lumber ns of act	n for employ nd obtain ad law enforcei o provide W and approp tive service v	yment or ditional k ment age al-Mart C riate crec	r if em backgre encies a Canada dential	ployed ound in and doc a Corp. p s as may	my dismissal formation relate tors to supply proof of my age to be required.	for just cause. Wal ing to my backgro all information cor le (as required for	-Mart Canada Co und. I authorize a ocerning my back company benefi	orp may verify the II persons, schools, kground. t plans and similar	
Candidate's name (Plea	se print): .										
Candidate Signature:								Date:		WMP24CB Rev. 05/07	