

## **EMPLOYMENT APPLICATION**

The Village Grocer is an equal opportunity employer. All applicants and employees are considered for employment, advancement and compensation based upon their skills and performance without regard to race, sex, national origin, age, ancestry, handicap, disability, marital status or any other status under the Human Rights Legislation. Please take a moment to complete (print) all information below.

PERSONAL INFORMATION												
Legal First Name: Last Nam			ne:		Preferred Name:				Date Of Application:			
Address (Number / Unit / Street):										Birth Date (DD/MM/YY) / /		
City:			Province:		Postal Code:		Date available to start? (DD/M		D/MM/YY)			
Priority Phone #: Secondary			hone #:		Email Address:							
Are you legal	ly eligible to work in Canada	? Are you		gal age to wor	c in Ontario?		Do you have a drivers licensee?					
□ Y	'ES □ NO			☐ YES		□ NO			☐ YES ☐ NO <b>If yes, Class</b> -			
Are you a stu	dent?	If yes, please	indicate type	of school:	Name of	Schoo	ol - Grade	/Year - E	xp. Graduation	Month/Year		
□ Y	'ES 🗆 NO	☐ High Sch	nool 🗆 Colle	ge/University								
Primary trans	sportation used to arrive at v	work on time f	or scheduled	shifts:								
. □ Automobile (Owned, will park in designated VG lot) □ Automobile (Family/friend drop off ) □ Public Transportation (Bus, Taxi) □ Walk or Bicycle												
EMPLOYMENT INFORMATION												
What type of	position are you appling for	·? (Please read	all options)				Please	check daily av	ailability:			
	☐ Full-Time Permanent (40 hours, 5 shifts per week, year round)						ning	☐ Afternoon				
☐ Part-Time Permanent (16-32 hours, 2-4 shifts per week, year round)						☐ Morning		☐ Afternoon	_			
☐ Full-Time Seasonal (40 hours, 5 shifts per week - Summer / Holiday breaks)						☐ Morning ☐ Aftern			_			
☐ Part-Time Seasonal (16-32 hours, 2-4 shifts per week, Summer /				•	☐ Morning		•	☐ Afternoon	· ·			
Village Grocer employment work hours generally range from approximately 6:00am to 8:30pm daily depending on the department & position. (Example - cashiers would work around hours open to the public, bakery production staff hours are earlier in the morning to prepare products for opening). Please indicate the days/hours you are available to work below:  *IMPORTANT: Your availability is used as a hiring consideration and for schedule planning. It is expected that the availability indicated will change on an exceptional basis only and be approved in advance by store management. Students: Please indicate the weekday evenings and weekend days you would be able to work regularly each week after considering activites such as clubs, sports, study time, etc. Mark days you cannot work with an "X".												
	Day of the Week	Monday	Tuesday	Wednesday	Thurso	day Friday		Saturday	Sunday			
	Start Time											
	End Time											
What department(s) do you desire to work in? (Check as many as desired).  Retail:												
	■ Bakery Service	☐ Café Serv	ice <b>C</b>	<b>□</b> Cashier		□ De	elicatessen Se	ervice $\Box$	Home & Hou	sewares		
	Floral Service Grocery Clerk Meat & S		■ Meat & Seaf	ood Produce Clerk			Pizza Counter					
<b>Production</b> ( Note that experience and formal training may be required for production positions ):												
	☐ Kitchen Line Cook	Kitchen Line Cook ☐ Kitchen Chef ☐ Kitchen Ass		I Kitchen Assis	tant 🗖 Sushi Chef				<b>□</b> Dishwasher			
	☐ Head Baker	■ Baker Assi	stant 🗖	Cake Decorat	or 🗖 Butcher			■ Meat Cutter				
	☐ Catering (server)	tering (server)		Janitor/Main	tenance D Pizza Chef			_	Deli Prep (Nights)			
	Office & Administration											
	□ Administrative Assistant	☐ Human Re	sources $\Box$	Accounting &	Payroll	<b>□</b> Ma	arketing & Mo	edia 🗖	Management	_		
										page 2		

Please list any positions you have held beginning with the most recent. Please com	plete this section even if you are attaching a resume.						
1) Company Name / Location:	Position Held:						
Dates Employed:	Managers Name:						
Start (MM/YY) / End (MM/YY) /							
Reason for Leaving:	May we contact this employer? Please provide phone contact info.						
	☐ YES ☐ NO Phone #						
2) Company Name / Location:	Position Held:						
2) company Name / Location.	Position Held.						
Dates Employed:	Managers Name:						
Start (MM/YY) / End (MM/YY) /							
Reason for Leaving:	May we contact this employer? Please provide phone contact info.						
	□ YES □ NO Phone #						
3) Company Name / Location:	Position Held:						
-,,,							
Dates Employed:	Managers Name:						
Start (MM/YY) / End (MM/YY) / Reason for Leaving:	May we contact this employer? Please provide phone contact info.						
incason for Ecaving.							
	☐ YES ☐ NO Phone #						
REFERENCES							
Please provide two (2) references other than the contacts listed in the employmer  1) Name	Occupation:						
1) Name	Occupation.						
Phone: Email:	Relationship:						
3) Name	Occupation:						
Phone: Email:	Relationship:						
FOOD ALLERGENS							
Do you have any medical issues which will effect your ability to work?	YES • NO						
If yes, please specify:							
Please check any medical food allergens you have:							
☐ Peanuts ☐ Tree Nuts ☐ Sesame Seeds	□ Milk □ Eggs □ Soy						
☐ Fish ☐ Shellfish or Crustaceans ☐ Mustard	□ Wheat □ Sulphites □ Other						
DECLARARTION							
I hereby certify that the information provided on this application (front & back) an aspects. I understand that my misrepresentation or omission of facts may result in including termination. I further understand that this application is not a contract a	the rejection of this application, or if hired, discipline up to and						
Applicant Signature	Date (DD/MM/YY)						

**EMPLOYMENT HISTORY**