



900 Gibsons Way, Gibsons, BC V0N 1V0  
 T: 604-886-2424. F: 604-886-4801

## Application for Employment

Date of Application: \_\_\_\_\_

**Personal Information:**

First Name		Last Name	
Address			
City		Province	
Postal Code		Phone #	
Email			

**Position Applying For (Check all that apply):**

- |  |                                  |                                 |
|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Cashier/Front End | <input type="checkbox"/> Produce | <input type="checkbox"/> Bakery |
| <input type="checkbox"/> Grocery           | <input type="checkbox"/> Meat    | <input type="checkbox"/> Deli   |

**Shift Availability**

Indicate when you are available to be scheduled (specify a.m. or p.m.). Due to the nature of our business, the more you are available, the more opportunities we can consider you for.

- Check here if no restrictions

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

**Education**

School Name	Location	Years Attended	Level Completed

**Work Experience**

Company	City	Position	From	To	Reason for Leaving

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_