



APPLICATION FOR EMPLOYMENT

Thank you for completing this application in full and for your interest in employment with Topco. To ensure that we are aware of all of your qualifications, please complete all sections of this form in as much detail as possible. We assure you that Topco complies with all human rights legislation when recruiting and selecting employees

Date: _____

Position applied for: _____ Rate of pay expected:
\$ _____

Name: _____ Phone: () _____

Present address: _____ Postal

Code: _____

Driver's License Number: _____ Province: _____

Driver's License Expiry Date: _____ Class: _____

Are you of legal age to work in Alberta? (*circle one*) Yes No

Are you legally permitted to work in Canada? (*circle one*) Yes No

How did you learn of this opening?

Are you looking for: (check one) Full-time work _____ Part-time work _____ Specify times _____

Have you worked for us before? _____ If yes, when? _____

List any friends or relatives (other than spouse) working for Topco:

Relationship: _____

Relationship: _____

If hired, on what date will you be available to start work?

If hired, are you willing to undergo a drug screen and physical examination at our expense? Yes No

Are you willing to work in a non-smoking environment? Yes No

If hired, do you have reliable transportation to get to work? Yes No

Are you willing to relocate? Yes No

Are you willing to travel? Yes No

Are you willing to work rotating shifts (nights, weekends, etc.)? Yes No

What qualifications do you feel would especially fit you for work at Topco? Please

What qualifications do you feel would especially fit you for work at Tropic? Please exclude activities that indicate race, religious beliefs, colour, gender, physical disability, mental disability, marital status, age, ancestry, place of origin, family status, or source of income.

PRIOR WORK HISTORY (LIST PRESENT OR MOST RECENT EMPLOYER FIRST)

Please account for all interruptions in employment greater than 6 months.

Dates		Name, Address & Phone # of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To		Start	Finish		
Duties / responsibilities:						May we contact this employer? Yes / No

Interruption (if any):

Dates		Name, Address & Phone # of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To		Start	Finish		
Duties / responsibilities:						May we contact this employer? Yes / No

Interruption (if any):

Dates		Name, Address & Phone # of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To		Start	Finish		
Duties / responsibilities:						May we contact this employer? Yes / No

Interruption (if any):

Dates		Name, Address & Phone # of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
From	To		Start	Finish		

Duties / responsibilities:						May we contact this employer? Yes / No

EDUCATION

Month/Year Attended		Name and Location of School	Major Area of Study	Graduated?	
From	To			Yes	No
Other Training					

REFERENCES (IF NOT LISTED ABOVE, EXCLUDING RELATIVES)

	Name and Occupation	Telephone Number(s)
1		
2		
3		

Have you, or will you have any "sideline" business interest(s)? Yes No
If yes, please explain:

APPLICANT'S CERTIFICATION AND AGREEMENT: PLEASE READ CAREFULLY

- All information provided on this application form is true. Any employment offer made may be withdrawn if misrepresentation and/or the omission of facts is revealed; if either of these circumstance arise after my term of employment has commenced, I may be released from service without notice or pay in lieu.
- The employer may verify all information provided on this application form and contact my previous employers for references, except as limited above. I understand that employment depends upon the receipt of satisfactory work and/or personal references.
- I understand that a health assessment and drug test is a condition of employment. I also understand that if the results of this assessment and test do not meet the requirements of the position offered to me, then the offer is revoked and void.
- In the event that I am employed I agree to comply with all policies, standards and procedures of the Company.
- I understand that my employment and compensation can be terminated, with or without cause, with or without notice, at any time, at the option of either the Company or myself, subject to all applicable federal and provincial regulations.
- I authorize the Company to obtain copies of my driver's abstract at any time deemed necessary in respect of my employment.

Date: _____

Signature: _____

COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRED

Birth (yy/mm/dd): _____ S.I.N. _____ AHC#: _____

Smoker / Non-smoker (with dependents) Marital Status: Single / Married / Common-law / Family

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name: _____ Phone: _____

Address: _____

PAYROLL USE ONLY – DO NOT WRITE IN THIS SECTION

Interview? Yes No Date: _____ Time: _____

Result of Interview

Interviewed by: _____

Hired? Yes No Position: _____

Starting Date: _____ Starting Rate: _____
_____ Location: _____