



Application for Employment

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Home Phone: () _____ Cell Phone: () _____

Are you legally permitted to work in Canada?

YES NO Provide the first three numbers only of your Social Insurance Number _____

Have you ever been employed by Safeway or any Sobeys company including Sobeys, Garden Market, IGA, Price Chopper, Thrifty Foods, Food Town, Sobeys Liquor, Safeway Liquor, Safeway Lucerne Foods or Macdonalds Consolidated?

YES NO If yes, give: Date _____ Position _____ Location _____

EDUCATION BACKGROUND

| | | |
|--------------------------------|--------------------|---------------------------|
| | High School | College/University |
| Circle Highest Level Completed | 9 10 11 12 13 | 1 2 3 4 5 6 |
| Other: _____ | | |

Are you currently attending school or any educational institution? No Yes, Full Time Yes, Part Time

WORK HISTORY

List previous employers in reverse chronological order, beginning with your current or last employer.
If you are presently employed may we contact your current employer for a reference? Yes No

Company Name: _____

Address: _____ City: _____ Prov: _____

Telephone: () _____ Position Held: _____

Dates of Employment: (mm/yy-mm/yy) _____ to _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Company Name: _____

Address: _____ City: _____ Prov: _____

Telephone: () _____ Position Held: _____

Dates of Employment: (mm/yy-mm/yy) _____ to _____

Name and Title of Supervisor: _____

Reason for Leaving: _____

Other reference if different from above:

Name and Title: _____

Telephone: () _____

POSITION INFORMATION & AVAILABILITY

| | | |
|----------------------------|---------------------------------|------------------------------------|
| Position Applied for _____ | Second Choice of Position _____ | Date Available to Begin Work _____ |
|----------------------------|---------------------------------|------------------------------------|

What areas interest you (for store positions)?

Bakery
 Meat
 Deli
 Produce
 Grocery
 Front End Service
 Other _____

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------|--------|--------|---------|-----------|----------|--------|----------|
| From | | | | | | | |
| To | | | | | | | |

Are you able to fulfill the requirements of the job (e.g. regularly lift and carry heavy items (9 kg / 20 lbs) and to do work of a repetitive nature)?

YES
 NO
 If no, please explain: _____

Have you ever been convicted of a criminal offence against property rights or a fraudulent transaction, including theft, robbery, breach of trust, fraud, forgery or false pretenses?

YES
 NO
 If yes, please provide the date(s) and nature of the offence(s): _____

Do you have any family member or common law relationship who is currently an employee of Safeway or any Sobeys company?

YES
 NO
 If yes, please advise this person's job title or classification: _____

(1) All information that I have provided on this application is true and correct. Any false statement or deliberate omission of facts will be justification for refusal of employment, or if employed just cause for termination of employment with Safeway without notice

(2) I hereby consent to Safeway making any inquiries to verify all the information provided by me, including but not limited to education, employment and references from former employers and may use an outside company to conduct the investigation and I hereby consent to those persons disclosing such information to Safeway

(3) I hereby consent to the use of my Social Insurance Number (SIN) by Safeway for the purposes of administering my payroll and employee benefits. By signing this application, I give authorization for the use of my SIN in communicating, as necessary, with benefit suppliers and administrators. I understand that they will limit the use and disclosure of my SIN to these purposes and use all reasonable measures to safeguard the confidentiality of my SIN and prevent disclosure to any other parties.

 Applicant's Signature Date

| For Office Use Only | | |
|--------------------------|----------------|----------------------|
| Store _____ | Position _____ | Interviewed By _____ |
| Reference check by _____ | | |