

APPLICATION FOR EMPLOYMENT

The Human Rights Codes prohibit discrimination in employment because of sex, age, race, colour, religion, national origin, marital status, nationality, ancestry, place of origin, political belief, family status and physical handicap.

(PLEASE PRINT CLEARLY)

DATE: _____

PERSONAL

NAME _____
Last First Middle Initial

PRESENT ADDRESS _____
No. Street City Province Code

E-MAIL _____ TELEPHONE No. () _____
Area Code

JOB(S) APPLIED FOR 1. _____ RATE OF PAY EXPECTED \$ _____ PER _____
2. _____ RATE OF PAY EXPECTED \$ _____ PER _____

HOW DID YOU LEARN OF THIS OPENING? _____

GENERAL INFORMATION / SPECIAL SKILLS (CHECK APPROPRIATE BOXES)

DO YOU PREFER A POSITION? FULL TIME PART TIME

CAN YOU WORK LEGALLY IN CANADA? YES NO (PROOF NEEDED AFTER OFFER OF EMPLOYMENT)

WHAT TYPE OF WORK WOULD YOU LIKE? _____

ARE YOU A STUDENT? YES NO

KNOWLEDGE OF LANGUAGES

	SPOKEN WRITTEN	
FRENCH	<input type="checkbox"/>	<input type="checkbox"/>
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>
OTHERS (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

EXPERIENCE

SALES	<input type="checkbox"/>	WORKED WITH CHILDREN	<input type="checkbox"/>
CUSTOMER SERVICE	<input type="checkbox"/>	PHOTOGRAPHY	<input type="checkbox"/>
COMPUTER KNOWLEDGE	<input type="checkbox"/>		
OTHERS: _____			

IF HIRED, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? _____

AVAILABILITY (CHECK APPROPRIATE BOXES)

	EVERYDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? _____

ARE YOU BONDABLE? YES NO

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME AND ADDRESS	FROM	TO	Graduated	COURSE OR MAJOR
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
POST GRADUATE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TRADE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER				<input type="checkbox"/> Yes <input type="checkbox"/> No	

WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
FROM	TO		START	FINISH		

Describe in detail the work you did.

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FROM	TO		START	FINISH		

Describe in detail the work you did.

MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? _____ IF NOT, INDICATE BELOW WHICH ONE(S) YOU DO NOT WISH US TO CONTACT

PERSONAL REFERENCES

Give the names of at least 3 persons who can supply information pertinent to your job performance (excluding former employees or relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1 _____	_____	
2 _____	_____	
3 _____	_____	
4 _____	_____	
5 _____	_____	

Occasionally, space limitations on an application make it difficult for an individual to adequately summarize their complete background. To assist us in finding the best suited position for you in our Company, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application and for your interest in employment with us. We would like to assure you that your opportunity for employment with this Company will be based only on your merit and on no other consideration.

PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal..

Signature of Applicant _____

APPLICANT - COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRED.

(Please note that the required information provided is for the sole purpose of CPI Corp. with respect to your employment)

NAME _____
Last First Middle

SIN# _____

PHONE # () _____ LANGUAGE PREFERENCE _____

ADDRESS _____

CITY _____ PROVINCE _____ PC _____

EMERGENCY CONTACT _____
Name Phone #1
Relationship Phone #2

BIRTH DATE _____
Month Day Year

MARITAL STATUS _____

EDUCATION COMPLETED _____

GENDER _____

STUDIO # _____

START DATE _____ RATE OF

PAY _____ HIRED BY _____ HIRING

SOURCE _____

POSITION _____ JOB TITLE _____