

PLEASE READ AND COMPLETE ALL SECTIONS

LE CHATEAU IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, ETHNIC OR NATIONAL ORIGIN, ANCESTRY, COLOUR, PHYSICAL OR MENTAL DISABILITY, RELIGION, AGE, GENDER, SEXUAL ORIENTATION OR ANY OTHER PROTECTED GROUND UNDER APPLICABLE HUMAN RIGHTS LEGISLATION.

POSITION APPLIED FOR _____

DATE (dd/mm/yy) ____/____/____ STORE(S) APPLYING TO _____

PERSONAL DATA

LAST NAME _____ GIVEN NAME(S) _____

TELEPHONE NO. (____) _____ - _____ (____) _____ - _____
Home Other

STREET ADDRESS _____ APT. NO. _____

CITY _____ PROVINCE/STATE _____

POSTAL CODE/ZIP CODE _____ E-MAIL ADDRESS _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? yes no

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? (if applicable) yes no

HAVE YOU EVER WORKED WITH US? yes no

IF YES, WHEN/WHERE? _____

AVAILABILITY

FULL-TIME PART-TIME DAYS EVENINGS WEEKENDS

IF YOU ARE A STUDENT, WILL YOUR AVAILABILITY CHANGE WHEN YOU RETURN TO SCHOOL? yes no

EDUCATION

TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT, PLEASE PROVIDE INFORMATION RELATED TO YOUR ACADEMIC & OTHER ACHIEVEMENTS, INCLUDING VOLUNTARY WORK & EMPLOYMENT HISTORY. A RÉSUMÉ MAY BE ATTACHED SEPARATELY.

HIGHEST GRADE OR LEVEL COMPLETED IN SECONDARY SCHOOL _____

DIPLOMA/DEGREE RECEIVED _____ LENGTH OF PROGRAM _____

COLLEGE / UNIVERSITY NAME _____

DIPLOMA/DEGREE RECEIVED _____ LENGTH OF PROGRAM _____

OTHER COURSES, WORKSHOPS, SEMINARS _____

EMPLOYMENT HISTORY COMPLETE ALL SECTIONS EVEN IF RÉSUMÉ IS ATTACHED

"PERIOD OF EMPLOYMENT" INCLUDES LEAVES OF ABSENCE RELATED TO MATERNITY OR PARENTAL LEAVE, WORKER'S COMPENSATION CLAIMS, HANDICAP OR DISABILITY, OR HUMAN RIGHTS COMPLAINTS. WITH RESPECT TO "REASON FOR LEAVING," DO NOT INCLUDE LEAVES RELATED TO ANY OF THE ABOVE.

1. NAME AND ADDRESS OF PRESENT/LAST EMPLOYER _____

TYPE OF BUSINESS _____ PRESENT/LAST JOB TITLE _____

DUTIES/RESPONSIBILITIES _____

FROM (dd/mm/yy) ____ / ____ / ____ TO (dd/mm/yy) ____ / ____ / ____ PRESENT/LAST SALARY _____

NAME OF SUPERVISOR _____ TELEPHONE NO. (____) _____ - _____

STILL EMPLOYED? yes no REASON FOR LEAVING? _____

2. NAME AND ADDRESS OF PREVIOUS EMPLOYER _____

TYPE OF BUSINESS _____ JOB TITLE _____

DUTIES/RESPONSIBILITIES _____

FROM (dd/mm/yy) ____ / ____ / ____ TO (dd/mm/yy) ____ / ____ / ____ LAST SALARY _____

NAME OF SUPERVISOR _____ TELEPHONE NO. (____) _____ - _____

3. NAME AND ADDRESS OF PREVIOUS EMPLOYER _____

TYPE OF BUSINESS _____ JOB TITLE _____

DUTIES/RESPONSIBILITIES _____

FROM (dd/mm/yy) ____ / ____ / ____ TO (dd/mm/yy) ____ / ____ / ____ LAST SALARY _____

NAME OF SUPERVISOR _____ TELEPHONE NO. (____) _____ - _____

EMPLOYMENT REFERENCES

MAY WE CONTACT YOUR PRESENT EMPLOYER? yes no

MAY WE CONTACT YOUR PAST EMPLOYERS? yes no

ADDITIONAL REFERENCES _____

ADDITIONAL APPLICATION INFORMATION

WHY HAVE YOU CHOSEN LE CHATEAU ? _____

WHO REFERRED YOU TO US ? _____

NAMES OF FRIENDS OR RELATIVES IN OUR COMPANY _____

OTHER ACTIVITIES AND INTERESTS _____

PLEASE COMPLETE AND SIGN BELOW

PRINT YOUR FULL NAME _____

A COPY OF YOUR RESUME IS ATTACHED yes no

DECLARATION AND REFERENCE CHECK CONSENT STATEMENT (please read carefully) :

I hereby declare that the information contained in this application for employment and any attached information is true and complete to the best of my knowledge. I understand that any false statement may disqualify me from employment or provide just cause for dismissal without notice. I hereby authorize the employers and other referees as specified in this application to release to Le Chateau, (the company) or its designate, any information which may be relevant to my potential employment with the company.

I HAVE RECEIVED THIS DOCUMENT IN THE OFFICIAL LANGUAGE OF MY CHOICE/J'AI BIEN REÇU CE DOCUMENT DANS LA LANGUE OFFICIELLE DE MON CHOIX.

SIGNATURE _____ DATE (dd/mm/yy) _____

THE FOLLOWING 3 SECTIONS ARE TO BE COMPLETED ONLY AFTER HIRING

THIS INFORMATION IS REQUIRED FOR PAYROLL OR INSURANCE PURPOSES ONLY

male female married single other

LIST OF DEPENDENTS 1 _____ 2 _____

IN CASE OF EMERGENCY PLEASE NOTIFY

NAME _____ TELEPHONE NO. (____) _____ - _____

ADDRESS _____

FAMILY DOCTOR _____ TELEPHONE NO. (____) _____ - _____

FOR MANAGEMENT USE ONLY

START DATE _____ STORE NO. _____

POSITION _____ full time part time SALARY _____

EMPLOYEE NO. _____ MANAGER SIGNATURE _____

BIRTHDATE _____ S.I.N. # _____ If SIN starts with '900' a valid work permit is required before first shift

FAX PAGES **1** AND **3** AND A COMPLETED DIRECT DEPOSIT FORM TO PAYROLL (514-343-8466) TO RECEIVE AN EMPLOYEE NUMBER

Personal information on this form is collected under the Le Chateau Employee Privacy Policy and will be used to process your request and/or administer our company procedures.