



## Application For Employment

### Personal Information

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

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Alternate Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Have you worked at Wal-Mart before:  No  Yes If yes, which store: \_\_\_\_\_ If yes, note dates: \_\_\_\_\_

### Position

Position applying for: \_\_\_\_\_  Seasonal /Temporary \_\_\_\_\_  
Are you interested in:  Full Time (Min. of 28 hrs per week)  Peak Time (Less than 28 hrs per week)  
How did you learn about this opportunity? \_\_\_\_\_

### Availability

Date available to start (dd/mm/yyyy): \_\_\_\_\_  
Indicate when you are available to be scheduled (specify a.m. or p.m.). Due to the nature of our business, the more available you are, the more opportunities we can consider you for.

	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
From							
To							
Overnight yes/no							

### Education

Tell us the highest or equivalent level completed

Institution Type	Completion	Type of Certification/Diploma/Degree Received
High School Year Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Post Secondary	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

### Employment History

1 Current/Last Position Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
May we contact them?  Yes  No Supervisors Contact Number: \_\_\_\_\_

2 Current/Last Position Title: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
Supervisors Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
May we contact them?  Yes  No Supervisors Contact Number: \_\_\_\_\_

Is there someone you would like to refer for a position at Wal-Mart?

Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or if employed my dismissal for just cause. Wal-Mart Canada Corp may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply all information concerning my background. On the first day of employment I agree to provide Wal-Mart Canada Corp proof of my age (as required for company benefit plans and similar administrations), Social Insurance Number and appropriate credentials as may be required. I understand that the first 3 months of active service will be probationary during which time my employment may be terminated without notice of termination of employment or pay in law thereof.

Candidate's name (Please print): \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Feel free to attach a resume to this application form

WMP/ACE Rev. 05/09