



Date _____

Please complete this application in as much detail as possible, even if you are also submitting a resumé. The more you write, the easier it is for us to know if you are going to fit within our company. Attach extra paper as necessary. Thank you for applying.

Are you applying for <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal			LANGUAGES	
Name (print) _____ Last First Middle			English	French
Address _____ Street Apt.			Spoken <input type="checkbox"/>	<input type="checkbox"/>
_____ Telephone _____			Read <input type="checkbox"/>	<input type="checkbox"/>
City	Postal Code		Written <input type="checkbox"/>	<input type="checkbox"/>
			Other Languages: _____	

Are you currently enrolled in school or university? Yes No

Education	Name of School	Major	Diploma/Degree
High School			
Community College			
Business, Trade or Technical School			
University			
Other			

If employed or previously employed, please complete the following section starting with your most recent or current employer.

Name of last employer (company)		Address(street, city)		Telephone	Company use only
Type of work	Date started	Last date worked	Salary/Wage		References Obtained
May we contact your current employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, identify immediate supervisor who would know your name.			Satisfactory Yes No
Position you held		What was her/his title?			Tel. <input type="checkbox"/> <input type="checkbox"/>
Why did you leave (or are looking to leave)?		Duties and responsibilities			Writ. <input type="checkbox"/> <input type="checkbox"/>
What did you like most about your job?		What do you think your employer would say about you?			
		What did you like least about your job?			

In addition to your work history, what other experiences, skills or qualifications make you a good fit for our company?

Why do you want this job?

What is your expected rate of pay?

\$ _____

Hourly Weekly

What are your personal goals?

What skills do you need to improve upon?

To be an effective employee, what must a person do or not do?

DO:

NOT DO:

Tell us about one of your success stories with a customer. What made it a success?

What events, sports, hobbies, or volunteer activities are you involved in?

What are some things in a job that are important to you?

What kind of things in a job would make it not appealing to you?

Is there anything else you would like to tell us about yourself?

Name of last employer (company)		Address(street, city)		Telephone	Company use only
Type of work	Date started	Last date worked	Salary/Wage		References Obtained
Identify immediate supervisor who would know your name.			What was her/his title?		Satisfactory Yes No
Position you held			Duties and responsibilities		Tel. <input type="checkbox"/> <input type="checkbox"/> Writ. <input type="checkbox"/> <input type="checkbox"/>
Why did you leave?			What do you think your employer would say about you?		
What did you like most about your job?			What did you like least about your job?		

Name of last employer (company)		Address(street, city)		Telephone	Company use only
Type of work	Date started	Last date worked	Salary/Wage		References Obtained
Identify immediate supervisor who would know your name.			What was her/his title?		Satisfactory Yes No
Position you held			Duties and responsibilities		Tel. <input type="checkbox"/> <input type="checkbox"/> Writ. <input type="checkbox"/> <input type="checkbox"/>
Why did you leave?			What do you think your employer would say about you?		
What did you like most about your job?			What did you like least about your job?		

If necessary, list other employers on a separate sheet. This is particularly important for a fair evaluation of your work record if any of the above has been short service.

HOURS AVAILABLE TO WORK

Please place a check mark (✓) indicating each of the times you are available to work.

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Morning							
Afternoon							
Evening							

Are you legally entitled to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of an offence under the Criminal Code of Canada, of any other country or state, or under any statute of any Province of Canada, for which you have not been pardoned and which may have some bearing upon the position for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For what position are you applying?		
How did you happen to apply for a position at our store?		
Are you acquainted with anyone working at our store? (If so, please give their name, position and length of acquaintance.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed by Roma Fuels? If yes, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In which department?	In what location?	

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application and any document annexed to it is complete, exact and truthful in every respect. I understand that it is on the basis of the completeness, exactitude and truth of such information that any offer of employment might be extended. I understand and accept that any omission or untruth in these respects may lead to the immediate rejection of the application, or the termination of my employment without notice if discovered after my hire.

I hereby consent to the conduct of a personal background check by Roma Fuels or their agents in connection with this application and relating to the position for which I am applying.

I authorize Roma Fuels or their agents to make such inquiries and collect such information from third persons as is necessary to ensure the accuracy of the information I have given or will give as part of this application.

In particular, I consent to the release and communication to Roma Fuels or their agents of any information, whether personal information or otherwise, contained in any file that any former employer, learning institution or enterprise may have or may have had about me that relates to this application.

I understand that any offer of employment is conditional upon my successfully passing a probationary period for the first 3 months worked, during which time I can be terminated at the discretion of Roma Fuels without notice or severance pay. After that, as my full entitlement, the full notice or pay in lieu of notice, if any, required by Provincial Employment Standards Act.

The retail market requirements for scheduling of work and how this may affect my hours have been explained to me. I realize that my employment may be terminated if I refuse to accept a day or shift assignment that I have previously agreed to work. Reasonable accommodation, short of undue hardship, will be made for mandatory religious observance.

Furthermore, if hired, I agree and promise to respect and adhere at all Company policies and regulations and that is and when required shall enroll in other required benefits as soon as I become eligible.

If I am hired, I authorize Roma Fuels to their agents to proceed with any reasonable search either of my person, my personal effects, or my locker situated on Company premises, as may be required by them.

All of the above forms constitute an integral part of my Application for Employment, dated _____

I have carefully read, and agree to the above.

Signature _____

Date and Place of Signature _____

Social Insurance Number _____