

www.qualitygreens.com

APPLICATION FOR EMPLOYMENT

Applications for store level positions should be submitted in person to the Manager at any Quality Greens Farm Market⊚ location.

PERSONAL INFORMATION

Last Name			First	Name	Initial					
City & Province	Postal Code			Home PI	Home Phone with area code		Secondary phone number with area code (cell/work)			
Do you have a disability that may require accommodation in the work place? □ YES □ IF YES, what accommodation do you require?			□ NO criminal		ou ever been convicted of a offense for which a pardon has a granted? YES NO		Are you currently a student? YES NO Full time? Part time?			
Are you able and /willing to work in a cool (62°F) environment? □ YES □ NO			Are you able to lift 25-50lb boxes repeatedly during a work day? □ YES □ NO			Are you legally entitled to work in Canada? □ YES □ NO				
WORK PREFERENCES: Ch	neck the position	s that mo	st interes	st you belo	w:					
□ CASHIER □ PRODUCE		□ DEI	□ DELI □ U			INLOADING/ RECEIVING □ SUPERVISOR / MANAGEMENT				
						If hired, what date are you available to start?				
Check your preference:	(00)	1	•	o relocate?						
☐ Full Time (32-40hrs) ☐ Part Time (under 3		□ YES] NO		If hired, indicate preferred store location: (Kelowna, Vernon, Westbank, Penticton)				
AVAILABILITY:	SUNDAY	MOND		TUESDA		WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
Please state the hours you are available for work each day of the week.	7 AM – 7 PM	6 AM –	· 8 PM	6 AM – 8	РМ	6 AM – 8 PM	6 AM – 8 PM	6 AM – 8 PM	6 AM – 8 PM	
If you are available ANY time please tick this box □										
Do you have any future commitments that may interfere with long term employment? YES NO (if yes, please explain)										
Do you have reliable transportation? YES NO										
Do you have a valid driver's license? □ YES □ NO										
EMPLOYMENT HISTORY – PLEASE COMPLETE List employment by most recent or present employer.										
			of Manager			Dates of employment				
Business address					Business Telephone					
Job title & brief description of duties					Wage/Salary					
					Reason for leaving					
May we contact employer? ☐ YES ☐ NO (if NO explain)										

EMPLOYMENT HISTORY

2. Business name	Name of Manager		Dates of employment					
Business address			Business Telephone					
Job title & brief description of duties		Wage/Salary						
		Reason for leaving						
May we contact employer? ☐ YES ☐ NO) (if NO explain)							
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3. Business name	Name of Manager		Dates of employment					
Business address	<u>I</u>		Business Telephone					
Job title & brief description of duties		Wage/Salary						
		Reason for leaving						
May we contact employer? ☐ YES ☐ NO (if NO explain)								
EDUCATION & TRAINING								
STATE NAME & LOCATION OF SCHOOL OR INSTITUTION ATTENDED	LIST MAJOR COU STUDY/PROGRAI		TYPE OF DEGREE/ DIPLOMA/CERTIFICATE OBTAINED (or highest grade level completed)					
ADDITIONAL CERTIFICATIONS: □ Food Safe □ First Aid □ WHMIS □ Super host □ Other (please state):								
WORK RELATED SKILLS: Please list job specific skills (Forklift/Pallet Jack/Cash Register/Debit Machine/Scale, etc):								
I certify that the statements made by myself on this application are true and complete to the best of my knowledge.								
I understand that if any of the information I have provided within this application is found to be false at anytime during the course of my								
employment with Quality Greens Farm Market(s)® it may be deemed sufficient cause for my immediate dismissal. I understand that an offer of employment with Quality Greens Farm Market® is conditional upon my signing of the Probationary Period and Team								
Member Handbook Acknowledgement of Receipt documents. Signature: Date:								
UNSIGNED OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED								
The British Columbia Human Rights Code prohibits discrimination in employment because of race, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation or age of that person or because that person has been convicted of a criminal or summary conviction offence that is unrelated to the employment or to the intended employment of that person.								
FOR OFFICE USE ONLY	Ţ	Application received de	sto (mm/dd/u) and Application received time					
Application form received by			ate (mm/dd/yy) and Application received time					
Additional comments:	Please attach resume if	provided.	S/R:					