



Yellowknife Direct Charge Co-operative Ltd.  
 321 Old Airport Road  
 Yellowknife, NT, X1A 3T3  
 Phone: 867-873-5770  
 Fax: 867-873-3769

### APPLICANT INFORMATION

Last Name		First	M.I.	Date of Birth
Street Address			Apartment/Unit #	
City		Prov.	Postal Code	
Phone		Cell	E-Mail	
Date Available		Social Ins. No.		Desired Salary
Position(S) Applied For				
Are You A Canadian Citizen? Yes ___ No ___ If No, Are You Authorized To Work In Canada? Yes ___ No ___				
Have You Ever Worked For The Co-Op? Yes ___ No ___ If So, When?				
Has Your Bond Ever Been Revoked? Yes ___ No ___ If So, When?				
Are You Presently Bondable? Yes ___ No ___				
Have You Ever Been Convicted Of A Felony For Which A Pardon Has Been Granted? Yes ___ No ___ If Yes, Explain _____				
Do You Have A Disability Which Would Inhibit Your Ability To Perform The Function For The Position(S) You Applied For? Yes ___ No ___ If Yes, Explain _____				
Are You Willing To Work Shift Work? Yes ___ No ___ Preference: Full-Time ___ Part-Time ___				
Who Referred You To The Co-Op?				

### EDUCATION

High School		Are You Currently Attending High School? Full-Time ___ Part-Time ___		
From	To	Did You Graduate Yes ___ No ___	Diploma	
College/ University/		Address		
From	To	Did You Graduate Yes ___ No ___	Degree	
Other		Address		
From	To	Did You Graduate Yes ___ No ___	Degree	

### REFERENCES

Please list three professional references	
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )
Full Name	Relationship
Company	Phone ( )

### PREVIOUS EMPLOYMENT

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous for a reference?    Yes___    No___			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous for a reference?    Yes___    No___			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous for a reference?    Yes___    No___			

Do you have a valid Driver's License?    Yes___    No___
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HOUR AVAILABLE TO WORK	START	FINISH
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

### DISCLAIMER SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

