

# EMPLOYMENT INFORMATION

**General Information. Please complete all requested information. Use ink and print.**

Location/Store #		Today's Date		Position Desired																
Name (Last)		(First)	(Middle)	Minimum Hourly Wage Desired		Date Available For Work														
Street Address				I am interested in:																
City				Province	Postal Code															
Telephone (Day)		Telephone (Evening)		Telephone (Mobile)																
If you have worked for our company before (Gap, Banana Republic, Old Navy, Forth & Towne, Outlet, Factory Stores), state where/when, final position, and reason for leaving.  Have you ever applied to our company before? If yes, where and when?				Please clearly indicate the hours you are available to work each day between 6:00 am – 12:00 am <table border="1"> <tr> <td>S</td> <td>M</td> <td>T</td> <td>W</td> <td>TH</td> <td>F</td> <td>S</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> We require a minimum availability of three shifts per week. Note: Should your availability change, it is your responsibility to notify your supervisor. Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you now, or will you in the future, require sponsorship for employment visa status? <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you at least 16 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note you may be required to provide proof of age after hire.			S	M	T	W	TH	F	S							
S	M	T	W	TH	F	S														

**Work Experience. List your previous experience, beginning with your current or most recent position.**

Employer				Starting Position		Starting Hourly Wage	
Street Address				City	Province	Postal Code	
Phone		Supervisor		Name/Title			
Reason For Leaving				Duties			
Dates of Employment Start:		Month	Year	End:		Month	Year

May we contact this employer?  Yes  No

Employer				Starting Position		Starting Hourly Wage	
Street Address				City	Province	Postal Code	
Phone		Supervisor		Name/Title			
Reason For Leaving				Duties			
Dates of Employment Start:		Month	Year	End:		Month	Year

May we contact this employer?  Yes  No

Employer				Starting Position		Starting Hourly Wage	
Street Address				City	Province	Postal Code	
Phone		Supervisor		Name/Title			
Reason For Leaving				Duties			
Dates of Employment Start:		Month	Year	End:		Month	Year

May we contact this employer?  Yes  No

**References. Business references preferred.**

Reference				Reference			
Street Address				City	Province	Postal Code	
Phone		Job Title					
Length and nature of business relationship				Length and nature of business relationship			

**Education & Training:** Please include name and city for each school.

School Type	School Name and City	Number of Years Completed	Certification Received (Degree, Diploma etc.)	Type of Course/Major
University				
College				
High School				
Other				
Additional Training				

**Additional Employment History Inquiries**

Have you ever been dismissed or forced to resign from any employment?  
 Yes  No  
 If yes, please explain:

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Have you ever been convicted of an offence under the Criminal Code of Canada for which a pardon has not been granted?  
 Yes  No

**Referral Source**

Store Sign                       Walk-in Applicant                       Employee Referral                       Job Fair  
 Website (please indicate) \_\_\_\_\_                       Newspaper                       Other

**Additional Questions**

Why are you interested in working for our company?	
What strengths would you bring to our company?	
What didn't you like about your previous jobs?	

**Applicant's Statement**

If I become employed, I agree to abide by the rules and regulations of Gap (Canada) Inc. All the information I have supplied in this job application is true and complete statement of the facts and, if I become employed, I agree that any false statement, misrepresentation or omission may result in my immediate dismissal without further payment to me. I authorize all persons, schools, employers and other organization named in this application to provide Gap (Canada) Inc. with relevant information that may concern my employment or prospective employment with Gap (Canada) Inc. I also understand that, for employment purposes investigative background inquiries may be required. By signing this job application, I acknowledge having been given notice that Gap (Canada) Inc. to obtain such a report and I authorize, without reservation, any person, party or agency (including law enforcement or government agency) contacted by Gap (Canada) Inc. to release all information about me.

All of the information I have supplied in this application is a true and complete statement of the facts, and if employed, I agree that any false statement, misrepresentation or omission may result in immediate dismissal. I understand that Gap (Canada) Inc. may share the information contained in this application with other Gap (Canada) Inc. employees for employment and administrative purposes and hereby consent to such transfer. I further authorize you to contact all of my previous employers or references for full information regarding my employment history.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application will only be considered for three months. If you have not been hired within three months of filling out this application and you wish to continue to be considered for employment, you must fill out another application.

**TO BE COMPLETED BY GAP (CANADA) INC. AFTER HIRE**

Date Hired (D/M/Y):	Store #:	Social Insurance Number: _____
Position:	F/T, P/T, Seasonal:	Start Date:
References Completed By:		