

To apply via application form please...

- 1. Print the application (2 pages following this one)
- 2. Complete the application form in full
- 3. Drop it off at the nearest Longo's location or at the location of your choice.

To find a location please visit:

http://www.longos.com/Careers/WhereWeAreLocated.aspx



APPLICATION FOR STORE EMPLOYMENT

Personal Information: Please Print First Name: Last Name: Apt/Unit #: Address: City: Postal Code: Province: Home Phone #: Other Phone #: E-mail Address: Bakery ____ Cash ____ Deli ____ Grocery ____ Position(s)/Location Preference: Produce ____ Meat ___ Seafood ___ Prepared Foods __ Salad Bar ___ Customer Service Clerk ___ Store Receiver ___ Starbucks ___ Grocery Gateway Shopper ___ Grocery Gateway Driver ____ Which Location are you applying for? _____ Are you willing to relocate? Yes ____ No ____ Employment Status: Full Time _____ Part Time _____ Student ____ Wage Expected \$ _____ Employment History: Most recent first - Please complete all fields to the best of your knowledge Position: Present/Last Employer: City/Town: Phone #: Present/Last Salary: Employed From: Employed To: Duties & Responsibilities: Title: Supervisors Name: Reason for Leaving: May we contact this employer?* Yes _____ No ___ Present/Last Employer: Position: City/Town: Phone #: Employed From: Employed To: Present/Last Salary: Duties & Responsibilities: Supervisors Name: Title: Reason for Leaving: May we contact this employer?* Yes _____ No _____ Present/Last Employer: Position: City/Town: Phone #: Employed From: Employed To: Present/Last Salary: Duties & Responsibilities: Supervisors Name: Title: Reason for Leaving:

Revised March 2010 TURN PAGE OVER

No _____

May we contact this employer?* Yes _____

| Name: | r references should be a direct supervisor). All references will be ch e: | | | Phone: | | |
|--|--|---------------------------------------|-----------------|-----------------------|-------------------|----------------|
| elationship: | | | | | | |
| | | | | | | |
| ame: | | | | Phone: | | |
| elationship: | | | | | | |
| | | | | | | |
| vailability: To help u | s consider you | for a job that | matches y | our availability | y, please tell u | s the days a |
| ours that you are able | to work. | | | | | |
| Hours Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| From: | | | | | | |
| To: | | | | | | |
| night shift is needed, are | vou available to | work? (Night sh | ift is any time | l e between 10 p.n | n. to 7 a.m.) Yes | No No |
| g o o coaca, a. c | you aramable to | | , | o 200110011 10 pill | | |
| ducation: | | | | | | |
| | Years Complete | · · · · · · · · · · · · · · · · · · · | na/Certificato | | Name of Diplo | ma/Certificate |
| ementary School | | | | No | | |
| gh School | | Yes | | No | | |
| ollege | | Yes | | No | | |
| niversity echnical/Trade School | | | | No | | |
| ther: | | | | No | | |
| | | | | | | |
| dditional Informatio | n: | | | | | |
| ave you ever been emplo | yed by Longo's b | efore? Yes | No | If yes, da | te of last shift: | |
| ocation: Department: | | | Manager's Name: | | | |
| re you legally eligible to v | vork in Canada? | Yes | No | | | |
| ave you ever been convic | | | | Canada for which | a a pardon has no | at boon granto |
| es No | | dilder the Cilii | iliai Code oi | Canada for Willer | r a pardon has no | ot been grante |
| | _ | | | | | |
| low did you find out | about employ | ment opport | unities wit | h Longo's? | | |
| oad Sign Longo's | Website | Team Member | Referral | Drop In | Customer Re | eferral |
| ewspaper Ad | | | | | | |
| | | | | | | |
| you have a resume, pleas | se attach a copy t | o this application | n form. R | esume attached: | Yes | No |
| nereby declare that: | | | | | | |
| l certify that the | information on | this application | n is correct | and I understan | d that any misr | epresentation |
| omission of any in | | | | | - | • |
|) I understand that | if hired, I may l | be required to I | e transferre | ed to other depa | rtments and/or | to other Long |
| store locations in | - | | | | | |
| i) I understand that | - | | | - | | to a maximum |
| 12 hours per day, | _ | - | | - | | |
| /) I understand tha | = | | | - | -day based on t | tne needs of |
| business; includir | - | _ | - | - | f will be recoire | d hoforo an a |
|) I understand that | = | equires a vaila | univer's licen | ise, proof thereo | i will be require | u peiore an o |
| of employment is) I understand tha | | months of act | ive service | will he probation | nary neriod di | ıring which ti |
|) I understand tha employment may | | | | = | | _ |
| thereof. | , se terrimateu | a, citici party | | or terminati | on or employing | Or pay iii i |
| | | | | | | |
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