



**Personal Information**

*\*required fields*

First Name*	<input type="text"/>	Applying to:	<input type="text"/>
Last Name*	<input type="text"/>	Desired Position:	<input type="text"/>
Street Address*	<input type="text"/>	Full or Part time: *	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
	<input type="text"/>	Can you legally work in Canada?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
City, Province*	<input type="text"/>	Are there any days during the week, or periods during the month or year that you are unable to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postal Code*	<input type="text"/>		If yes, please explain.
Daytime Phone*	<input type="text"/>		
Evening Phone *	<input type="text"/>		
Email Address*	<input type="text"/>		
Social Insurance#	<input type="text"/>		

Please briefly describe any of your work-related skills, experience, training, or activities that relate to the position being applied for. (You may decline to list any organization which may indicate your race, religion, age, marital status, gender, sexual orientation, etc.)

**Employment Background**

*(begin with most recent employer)*

Date: (month/year)	Company: (name and address)	Supervisor: (name and phone number)	Reasons for leaving:
From: <input type="text"/> To: <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
From: <input type="text"/> To: <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
From: <input type="text"/> To: <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

May we contact your current employer?     Yes     No

May we contact your former employers?     Yes     No

## Educational Background

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**School Attended:**

**Type of Degree/Diploma/Certificate obtained:**  
(or highest grade completed)

**Major Course/Field of Study:**

Secondary/High School  
Trade/Technical/Vocational  
University/College  
Other



## References

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List two or three individuals who have known you for at least three years and who have knowledge of your qualification, excluding relatives and former employers.

**Name:**

**Occupation:**

**Telephone:**

## Statement

*(read before signing)*

I certify that the statements made by me on this application are true and complete to the best of my knowledge.

I understand and agree that if any such information is at any time found to be false, such information is just cause for the rejection of my application or immediate dismissal without notice and or cause. As a condition of my application for employment, I authorize investigation of all statements contained in this application.

.....  
*Signature*

.....  
*Date*

**Please submit this form to [employment@runningfree.com](mailto:employment@runningfree.com) or drop it off in person at your selected store location.**

You may also include a complete resume with this completed application if you wish.

### Office Use Only

Interviewed by: \_\_\_\_\_ Interview Date: \_\_\_\_\_

*Comments:*