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FOR EXTERNAL APPLICANTS ONLY
APPLICATION FOR EMPLOYMENT

Instructions:
 Please complete ALL sections as thoroughly and neatly as possible even if attaching a résumé. It is necessary to provide complete information. Do not write "See résumé", it will not be considered otherwise.

Freedom of Information and Protection Act
 The personal information requested on this form is collected under the authority of and used for the purpose of administering the *Public Service Act*. All information provided will be considered as supplied in confidence. Under certain circumstances some information may be released subject to the provisions of the Freedom of Information and Protection of Privacy Act. For any questions about the collection and use of this information, please contact the postings coordinator, BC Public Service Agency at: PO Box 9481 Stn Provincial Government, Victoria BC V8W 9E7

OFFICE USE ONLY

DATE RECEIVED

LEGAL STATUS TO WORK IN CANADA – Documentation is required

Canadian Citizen Work Permit
 Landed Immigrant Other - (Please Specify):
 Permanent Resident

Anyone offered employment is required to provide proper identification and documentation of eligibility for employment in Canada.

Do you have any disability that may require accommodation in the workplace? Yes No

If (Yes), what accommodation would you need? No

Were you referred by an employee of Dik's Market House? Yes No If (yes), advise employee's name: _____

Have you ever filed an application or worked for Dik's Market House? Yes No If (yes), where and when? _____

How did hear about us? _____

How long would you like to work at Dik's Market House? _____

Title	First Name(s)	Middle	Last	SIN
Address			City	Province
Postal Code	Telephone (Residence)	Telephone (Mobile)	Mobile Carrier	Email

Do you hold a valid BC Driver's License? Yes No - Prohibited Other Province If (Yes), Class? 1 2 3 4 5 6 7

Indicate days of the week are you available for work? Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What shifts are you applying for (check all applicable)? Morning Afternoon Evening Night Work period? Full Time Part Time

Are you available to work in case of an emergency? Write the hours you are available in the grey. AM or PM Until AM or PM

If you fail to give minimum notice if you can't come in to work? Do you accept termination if should it occur twice or more? Yes No

How often have you been late for work or missed any of your shifts in the past? Never Once Twice Thrice More than three times

Are you or have you ever been a cigarette smoker? Yes No If (Yes), explain? (Current smoker Quit smoking When? ___/___ ago)

How often would you say you consume or use alcohol? Never Barely Occasionally Regularly Heavily Alcoholic Ex-Alcoholic

Have you ever been fired from any company resulting in loss of your employment? If (yes), please explain why below. Yes No

Selection Criteria
 (Provide any information that will help consider your application)

It is important that you provide evidence in this section of how you meet the essential and desirable criteria set out in the person specification. Tell about things you were responsible for and what you have achieved. Include examples from paid or unpaid work or other activities you have undertaken that are relevant to the position you are applying for. Also include information about why you want the position, how Dik's Market House could benefit by hiring you and anything else you wish to say. Please include headings linked to the criteria on the person specification.*

Work History
(List any previous positions)

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties", describe clearly **major** duties and skills you performed/acquired and the nature of your responsibilities as they relate to the position you are applying for. Volunteer or unpaid experience will be evaluated in the same manner as paid employment and should be entered in the same manner. If any references have known you by a **previous name**, please specify. **(Please indicate telephone numbers if you wish us to contact any previous employers)***

Company*		Position*		Supervisor	
City	Province	Telephone	Employed from / until* MM / DD / YYYY to MM / DD / YYYY		
Duties*					Wage / Salary*
Reason for leaving*				May we contact employer?* <input type="radio"/> Yes <input type="radio"/> No	
If no, why not contact this employer? :					
OFFICE USE ONLY		Were References obtained Satisfactory? Telephone : <input type="radio"/> Yes <input type="radio"/> No Written : <input type="radio"/> Yes <input type="radio"/> No			

Company*		Position*		Supervisor	
City	Province	Telephone	Employed from / until* MM / DD / YYYY to MM / DD / YYYY		
Duties*					Wage / Salary*
Reason for leaving*				May we contact employer?* <input type="radio"/> Yes <input type="radio"/> No	
If no, why not contact this employer? :					
OFFICE USE ONLY		Were References obtained Satisfactory? Telephone : <input type="radio"/> Yes <input type="radio"/> No Written : <input type="radio"/> Yes <input type="radio"/> No			

Company*		Position*		Supervisor	
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Duties*					Wage / Salary*
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If no, why not contact this employer? :					
OFFICE USE ONLY		Were References obtained Satisfactory? Telephone : <input type="radio"/> Yes <input type="radio"/> No Written : <input type="radio"/> Yes <input type="radio"/> No			

Company*		Position*		Supervisor	
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Duties*					Wage / Salary*
Reason for leaving*				May we contact employer?* <input type="radio"/> Yes <input type="radio"/> No	
If no, why not contact this employer? :					
OFFICE USE ONLY		Were References obtained Satisfactory? Telephone : <input type="radio"/> Yes <input type="radio"/> No Written : <input type="radio"/> Yes <input type="radio"/> No			

Education & Training

(List all schooling including any courses or certificates)

Please describe any secondary, post secondary; courses and training which have given you work related skills and knowledge. Start with the highest level achieved and specify the degrees, certificates or diplomas you completed. Official documentation may be required.

School, College, University or Institute	Year(s) YYYY to YYYY
Grade/Course(s)	Completed? <input type="radio"/> Yes <input type="radio"/> No

School, College, University or Institute	Year(s) YYYY to YYYY
Grade/Course(s)	Completed? <input type="radio"/> Yes <input type="radio"/> No

References

(Provide Professional and Personal References)

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

Name	Organization (if applicable)	
Relationship	Email	Telephone

Name	Organization (if applicable)	
Relationship	Email	Telephone

Name	Organization (if applicable)	
Relationship	Email	Telephone

Certifications & Skills

(Provide certifications and any proficient skills)

Please provide any certificates of qualification or any skills and/or abilities that you excel in or are confident in performing. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

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Extracurricular Activities

(This section is voluntary and does not affect the final decision)

Describe your extracurricular activities including class or campus offices held, volunteer experience, memberships in clubs or organizations, leadership roles, sports activities, hobbies, etc... (You are not required to mention the names of the organizations that indicate race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, political beliefs or disabilities)

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Voluntary Information

(This section is totally voluntary and does not affect the final decision)

You are not required to mention the names of the organizations that indicate race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, political beliefs or disabilities.

Are you a man or woman?	What is your race?	How old are you?	Do you have children? How many?
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If you are an aboriginal person of Canada, please specify the group to which you belong?	If by color you are a visible minority, please specify the group that best describes your origin?
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What is your country of origin? What city?	Have you ever or do you now use any illegal drugs?
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Questionnaire

(This section is mandatory and you must answer **all** questions clearly)

What are the top three reasons why you want to work at Dik's Market House?

How would you "WOW" or impress our customers?

What are your three points of personal strength?

What are your three points of personal weakness?

To be an effective team player, what must a person do?

To be an effective team player, what must a person not do?

What are some things in a job that are important to you?

Where do you see yourself one or two years from now and why?

Tell about a time you worked successfully with customers, or the public, and what you did to make it a success.

Describe a recent problem you had with one of your manager's decisions. How did you handle it?

What's the most difficult situation you have faced with a customer and what was the outcome? How would you handle it differently?

Everyone misses work sometimes. What are some legitimate reasons to miss work?

If you see an increase or decrease in customer flow, how do you respond?

Have you ever created a system or procedure to solve a problem? (Explain)

Describe in your own words, what thoroughness means to you?

Give **three** examples of when you did something at work without being asked. Why?

Your shift ends in 10 min. and you accomplished all your duties. How have you utilized your remaining time in the past?

Conditional Offer

(Employment subject to conditions)

If you have been provided with a verbal offer of employment, please note that such offer is conditional on you answering the question below and our medical department being satisfied that it is safe for you to handle food.

Food safety is a very important matter in our business, please advise us whether you presently have or ever had a communicable disease that would impair your ability to handle food: YES _____ NO _____.

If you answered **YES**, please note that our medical department will have to discuss this matter with you in greater detail so that we can determine whether it would be safe for you to handle food.

Applicant: _____ Signature: **X** _____ Date: _____

Criminal Background

(Please give details of criminal convictions below)

Please read carefully before completing this section

If you answer "yes" to any of questions 1-3 below you may receive a special review. A conviction won't necessarily bar you from employment.

1. Have you ever been convicted or pleaded guilty or received an absolute or conditional discharge for any Criminal Code of Canada offence, or under federal statute, including the youth Criminal Justice Act, or law of any other country or state for which you have not been pardoned, or are there any criminal charges or indictments pending against you?
Or are you now the subject of any complaint, investigation or civil proceeding (pending or otherwise)?
If so you must answer yes to this question. O Yes O No
2. Are you now, or have you ever been, the subject of any regulatory agency inquiry involving allegations against you of fraud, misconduct, breach of trust, theft misrepresentation, or dishonesty?
Or have you ever been discharged for cause or permitted to resign from any contract, position or employment because you were accused of wrongdoing? O Yes O No
3. Have you ever been denied a trade or professional license, or had a trade or professional licence revoked, suspended or restricted?
Or has a bonding company ever denied, paid out on or revoked a bond on you? O Yes O No

All applicants must consent and agree to a criminal background inquiry. Applicants not consenting to these terms will **NOT** be considered.

Applicant's Declaration

Please read carefully before signing. This application is **not valid** unless signed by applicant.

1. I understand that appointment to any position is dependent upon successful completion of applicable probationary period.
2. Dik's Market House and/or its representing agent(s) may contact my former employers to obtain references.
3. I understand that Dik's Market House is in no way obligated to employ me or if hired; remain employing me.
4. My signature on this application form is my consent that as a condition of being considered for employment.
5. I declare that all information provided in this application or attachments, resume and/or cover letter is true and complete. I understand that any misstatements or omitting any relevant information could forfeiture of my rights to employment in the event that I am a successful applicant, and if I am appointed, could lead to my dismissal.

Applicant: _____ Signature: **X** _____ Date: _____

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Selection Stage	Qualifications	Knowledge	Communication	Skills	Other
Invited For Interview O Yes O No					
Recommendation O Accepted O Rejected	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Please Indicate If:	Appointed:	Withdrew:	Other:		

Post Interview

Selection Stage	Position	Shift	Full Time / Part Time	Wage	Training Date
Offered Position O Yes O No					

Interviewed By: _____ Signed: _____ Date: _____