

Task Title: Grocery Store Job Application

OALCF Cover Sheet - Practitioner Copy

Learner Name:		
Date Started:		
Date Completed:		
Successful Completion: Goal Path:	Yes No Employment	Apprenticeship
Secondary School	Post Secondary	Independence

Task Description: The learner will enter basic information into a job application form.

Main Competency/Task Group/Level Indicator:

- Find and Use Information/Interpret documents/A2.2
- Communicate Ideas and Information/Complete and create documents/B3.1a

Materials Required:

• Pen/pencil and/or digital device

Learner Information

Many companies ask prospective employees to fill out a job application. For stores with multiple shifts or departments, people may be asked to select times they are available for work or departments that interest them.

Scan the "Zehrs Application Form".



PLEASE TEAR OFF AND RETAIN THIS PORTION FOR YOUR INFORMATION.

Please complete both sides of the application form. Resumés may be attached, but we will still require that all details of the application form be completed.

MORE INFORMATION ON REVERSE



A DIVISION OF ZEHRMART INC.

1 President's Choice Circle
Brampton, Ontario L6Y 595



APPLICATION FOR STORE EMPLOYMENT

LAST NAME		FIRST NAME	MIDDLE INI	TIAL	(AREA CODE)	FELEPHONE #
ADDRESS		APT. #	CITY		POSTAL CODE	
AVAII ABII I	TY - Please IN	DICATE THE	FIME that you	are available to	work (Start 8	Finish Time)
SUNDAY	MONDAY	TUESDAY	WEDNESDAY		FRIDAY	SATURDAY
-	-	-	-	-	-	-
Are you a stud	dent or non-stu	dent? St	udent 🔲	Non-St	udent 🔲	
Are you availa	Are you available to work a variety of shifts on a regular basis? Yes No (Please specify below)					ase specify below)
Days:	Yes No	Comn	nents:			
Evenings:	Yes No		CONTRACTOR			
Weekends:	Yes No				-a	r
Night Shift:	res INO					
Please indica	ate the departr	nents in which	you are interes	sted in working	lt:	
Any Depar			Dairy	☐ Hot Deli	Prod	uce
Cashier			Pharmacy	Salad Bar	Photo	
General Me	rchandise 🗌 Bul	k Food	Seafood	Health & E	seauty 🔲 Night	Crew
	Packer Bal	, =	Cold Deli	□ Meat	☐ Heal	h Foods
Community	☐ Community Room ☐ Bean Roast ☐ Cosmetics ☐ Other					
Do you have a	any specific ski	lls, trades or e	xperience in ar	ny of these dep	oartments? Ple	ase describe:
Have you ever	been convicted o	of a criminal offer	nse for which a p	pardon HAS NO	Γ been granted?	Yes No
Are you legally	entitled to work	in Canada?	Yes No			
Are you between	en the ages of 1	5 and 65?	Yes No			
What source re	ferred you to thi	s company?				
To which location	n are you applying	?				
V∕ould you be willi	ng to work at any o	ther location(s) ? Pl	ease specify:			
Date available to b	oegin work :		Have you	u ever worked for	any Loblaw Comp	anies Ltd.
banners or affilia	tes (eg. Loblaws, .	Zehrs, Fortinos, N	o Frills, YIG, RCS	S, Atlantic Supers	tore, National Gro	cers, Provigo)?
Yes No	If yes, specify	date of employme	ent From:	To:		
Company & Loca	ation:					
Department:		Posi	tion:	Su	pervisor:	
PLEASE COMP	LETE REVERSE					

Thank-you for your interest in pursuing opportunities with Zehrs. We carefully screen, review and retain all applications for a period of six months. Due to the volume of applications received, we do not respond to telephone inquiries regarding the status of applications. If you have not been contacted, you may assume the position has been filled or there are no present vacancies, however, your resume will be maintained for future reference.

Zehrs hires part-time employees only. All full-time positions are posted within the company (exceptions for new stores only). Zehrs is a unionized company and there is no guarantee of part-time hours because hours are scheduled by seniority.

Zehrs may require you to work Sundays once you have declared your availability for Sunday work at the time of your hire.

Please be prepared to provide two references should you obtain an interview.

in, we apprecia	te your interest in our c	ompany and stores.			
loyee Develop	ment & Services Depart	ment			
S					
Why do you wa	Vhy do you want to work for Zehrs?				
escribe what a customer means to you?					
ENADI OVNAENII	LUSTODV. Please list	in order, your three most recen	at ione OR those	inhe moet related to	
position you ar		in order, your times most recon	it jobo <u>on</u> thos	o jobo most rolatou to	
Name & Addr	ess of Employer				
Job Title:		Period of Employment:	From	To	
Salary:		Reason For Leaving: _			
			Phone Number:		
Functions/Re	sponsibilities:				
Name & Addi	ress of Employer				
Job Title:		Period of Employment:	From	To	
Salary:		Reason For Leaving: _			
Supervisor N	ame:		Phone Num	ber:	
Functions/Re	sponsibilities:				
or employmer or employmer EDUCATIONA	nt references, may we could be a country to the country of the cou	ontact your present / last emplo ontact your former employer(s)	, les_	No No	
	ry/Secondary education	al grade level completed	1	Certificate/Degree	
University		***************************************	-	Obtained	
Business	Yes No				
College	Yes No				
Trade School or Vocational School	Yes No				
Correspondence Course(s)	Yes No				
TO BE READ AND SIGNE By signing this form, I consemployment such as the according who provide service	D BY THE APPLICANT sent to the Company using my personal i tiministration of payroll, pension and empl ss to the Company in connection with my	information provided in this application for purposes re yee benefits. I also consent to the Company disclosis employment, such as payroll, pension and benefits a ting to my continued employment, where required,	ng only as much of this per	sonal information as may be needed by	
		and secure. Thereby authorize the Company to ob-		ten or verbal communication about m	
		to obtain credit and/or criminal record checks, where ven during my employment interview(s) are true and c		any false statement shall disqualify me	
mployment or shall be co	nsidered just cause for my termination fro	m employment.			
	lity for Sunday work at the time of my hire regoing information is true and complete t	, I understand that one of the conditions of my employ o my knowledge.	rment is to work on Sunday	s when required.	
understand that a false st	atement may disquality me from employm	ent, or be cause for my dismissal.			
Signature: CONDITIONAL OFFER you have been provide atisfied that it is safe for		Date: ease note that such offer is conditional on you answ	Approved by:		
ood: YES NO		e advise us whether you presently have or ever ha ase note that our medical department will have to	d a communicable disea discuss this matter with y	se that would impair your ability to ha ou in greater detail so that we can	
signature:	CONTROL OF MATERIAL CONTROL OF THE C		Date:		

Work Sheet

Task 1: Fill out the following sections of the application form using your own information, availability and preferences:

- Name, phone number and address
- Shift availability
- Departments of interest (select at least two)
- Previous experience
- Educational background

If you are uncomfortable using your own information, fill out the application form using the following information:

- Andrea Thompson, 519-555-1234, 246 Main Street Goderich Ontario N2Z 121
- Available to work: Saturday and Sunday 8am-5pm
- Not available to work a variety of shifts
- Interested in: Seafood, cold deli, meat
- Previous work experience at a local coffee shop preparing food and serving customers
- High School completion (OSSD) in 2023

Answer: No writter	response required here.
Task completed: Y	es:

Answers

Answers will vary. Ensure the learner has correctly entered their information into the appropriate sections of the application form.

Performance Descriptors

Levels	Performance Descriptors	Needs Work	Completes task with support from practitioner	Completes task independently
A2.2	Uses layout to locate information			
	Makes connections between parts of documents			
	Makes low-level inferences			
B3.1a	Makes a direct match between what is requested and what is entered			
	Makes entries using familiar vocabulary			
	k: Was successfully comp	oleted	Needs to be tried	d again 🔲
		oleted	Needs to be tried	d again 🔲
		oleted	Needs to be tried	d again