

# St Mary's I·D·A Pharmacy

St Mary's, 150 Cliffe St, NB  
Ph: 506-206-7700

Please fill out following information and bring to St Mary's IDA Pharmacy along with resume in a sealed envelope. Attention: Manager

## Employee Information

### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *Province* *Postal Code*

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: ( ) \_\_\_\_\_

Are you eligible to work in the Canada?

Yes \_\_\_\_\_ No \_\_\_\_\_

NAME OF ACCOUNT HOLDER \_\_\_\_\_

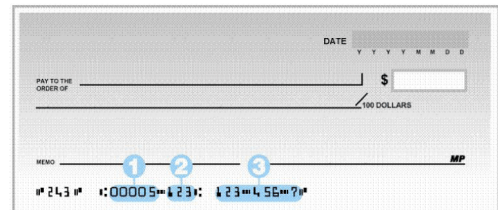
BANK NAME \_\_\_\_\_

1 TRANSIT CODE \_\_\_\_\_

2 BANK CODE \_\_\_\_\_

3 ACCOUNT NO. \_\_\_\_\_

OR A VOID CHEQUE IF YOU HAVE A CHEQUING ACCOUNT



### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *Postal Code*

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

Job Information (to be completed by Guardian, Dartmouth Gate Supervisor)	
Title: _____	Employee ID: _____
Supervisor: _____	Department: _____
Start Date: _____	\$/Hr: _____

**POSITION/AVAILABILITY:**

Position Hired for:  
\_\_\_\_\_

**Days/Hours Available**

Monday: from \_\_\_\_\_ to \_\_\_\_\_  
Tuesday: from \_\_\_\_\_ to \_\_\_\_\_  
Wednesday: from \_\_\_\_\_ to \_\_\_\_\_  
Thursday: from \_\_\_\_\_ to \_\_\_\_\_  
Friday: from \_\_\_\_\_ to \_\_\_\_\_  
Saturday: from \_\_\_\_\_ to \_\_\_\_\_  
Sunday: from \_\_\_\_\_ to \_\_\_\_\_

**EDUCATION:**

Name and Address Of High School - Graduation Date  
\_\_\_\_\_

Name and Address Of Secondary School - Graduation Date  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

**Present Or Last Position:**

Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Phone: \_\_\_\_\_ Position Title: \_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

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