Please print in ink and provide all requested information.

General Information TODAY'S DATE	SOCIAL INSURANCE NUMBER (TO BE COMPLETED UPON HIRE)  POSITION DESIRED				
NAME (LAST) (FIRST) (MIDDLE)	EMPLOYMENT LOCATION DESIRED				
STREET ADDRESS	PREFERRED SALARY DATE AVAILAB	ELE FOR WORK			
CITY PROVINCE POSTAL CODE	PLEASE CHECK ONE  ☐ FULL TIME (30-40 hrs. per week) ☐ Casual (on call/irregular schedule) ☐ PART TIME (20-29 hrs. per week) ☐ Temporary (Holiday or Summer) Note: Should your availability change, it is your responsibility to inform your supervisor. By signing				
TELEPHONE (HOME) TELEPHONE (WORK)	Saturdays/Sundays and that Williams-Sonoma Ca	this application, you acknowledge that the hours may vary and may involve evening work and Saturdays/Sundays and that Williams-Sonoma Canada, Inc. is relying on your availability in this regard in the event that we extend you a job offer.			
FAX # E-MAIL ADDRESS	Are you at least 16 years old? ☐ Yes ☐ No Please indicate the hours you are available to work, during both day and evening. (e.g., 9:30 A.M – 5:30 P.M., 5 –10 P.M.).				
Have you ever applied to our company before? If yes, where? If you have worked for our company before (Williams-Sonoma, Inc., Williams-Sonoma, Pottery Barn, Hold Everything, Pottery Barn Kids or Chambers), please state where, when, final position and reason for leaving.	Note: Should your availability change, it is your           Monday         Tuesday         Wednesday         Thurs				
Work Experience					
List your previous work experience for the last five years, beginning with your currer employment history. If you need additional space, please attach additional pages.	nt position (or most recent position, if you are not cu	rrently employed). Do not leave any gaps in your			
EMPLOYER	STARTING POSITION ST	ARTING SALARY			
STREET ADDRESS	LAST POSITION FI	NAL SALARY			
CITY PROVINCE POSTALCODE	DUTIES				
EMPLOYER'S PHONE SUPERVISOR'S NAME/TITLE/PHONE NUMBER					
REASON FOR LEAVING	DATES OF EMPLOYMENT				
EMPLOYER		END: MONTH YEAR CARTING SALARY			
STREET ADDRESS	LAST POSITION FII	NAL SALARY			
CITY PROVINCE POSTALCODE	DUTIES				
EMPLOYER'S PHONE SUPERVISOR'S NAME/TITLE/PHONE NUMBER					
REASON FOR LEAVING	DATES OF EMPLOYMENT				
EMPLOYER		END: MONTH YEAR CARTING SALARY			
STREET ADDRESS	LAST POSITION FII	NAL SALARY			
CITY PROVINCE POSTALCODE	DUTIES				
EMPLOYER'S PHONE SUPERVISOR'S NAME/TITLE/PHONE NUMBER					
REASON FOR LEAVING	DATES OF EMPLOYMENT				
		END: MONTH YEAR			
May we contact your current employer?	If no, at what point may we contact him/her?				

Williams-Sonoma

**Pottery Barn** 

**Pottery Barn Kids** 

Additional Work History Inform					
Have you ever been fired or force  ☐ Yes ☐ No If yes, please expressions.	ed to resign from any employment?				
Have you ever been convicted of	a felony crime for which you have not been parc	doned?			
☐ Yes ☐ No If yes, please ex (Convictions will not necessarily	xplain. disqualify applicant. Each case is considered in	ıdividually.)			
Have you ever been arrested for a	any criminal violation for which you are currently	y out on bail, on your	own recogniza	nce or otherwise on release pending	g trial?
	list the date of arrest, in what jurisdiction it occur on and I confirm that I am able to perform the es			job for which I am applying.)	
☐Yes ☐ No	will reasonably accommodate any special requir	comante vou hava in a	ccordance with	applicable human rights legislation	a )
Education, Training and Skills	wiii reasonabiy ассоттошие ину speciai requir	emenis you nave in a	ccoraance wiin	applicable human rights legislation	i.)
School HIGH SCHOOL	Please print name, city and province for e	each school	Degree	Type of course/major	
HIGH SCHOOL					
COLLEGE/UNIVERSITY					
ADDITIONAL EDUCATION			-		
ADDITIONAL TRAINING					
COMPUTER SKILLS:				ou are seeking requires foreign lang	
☐ Software		fore	gn languages ir	which you are proficient and descri-	noe the level of proficiency.
Hardware					
	to the job skills that you recessed				
For office position, please indica					
☐ Word Processing (	words per minute)	Please list any additional job skills that you believe would be relevant to the position for which you are applying.			
□10-Key			10. William you are applying.		
Spreadsheets					
Other					
Drofossional Defenences					
Professional References NAME OF REFERENCE (NOT A RELATIVE)		NAM	NAME OF REFERENCE (NOT A RELATIVE)		
STREET ADDRESS		STR	EET ADDRES	S	
CITY PI	ROVINCE POSTAL COL	DE CIT	Y	PROVINCE	POSTAL CODE
PHONE JC	DB TITLE	PHC	NE	JOB TITLE	
**				10.1.1.0	
How acquainted and for how long	g?	How	acquainted and	for how long?	
D-f1 C					
Referral Source		_			
☐ Employee Referral Name _		I	nternet (sites)_		
☐ Community Organization Name		=	☐ Newspaper Ad (name of newspaper)		
☐ School/University	ity Other (please detail)				
☐ Walk-in Applicant					
gree that any false statement, misrepresents rovide Williams-Sonoma Canada, Inc. with vestigative background inquiries may be re erson, party or agency (including law enfor cceptance thereof, does not constitute contr	e rules and regulations of your company. All the inform tion or omission may result in my immediate dismissal varelevant information that may concern my employment equired. By signing this job application, I acknowledge h cement or government agency) contacted by Williams-S act of any specific duration; rather, any such employmer verance pay as required by provincial legislation and thi	without further payment or prospective employm naving been given notice conoma Canada, Inc. to re not is terminable by Willia	to me, I authorize ent with Williams that Williams-Sor elease all informat ms-Sonoma Cana	all persons, schools, employers and other -Sonoma Canada, Inc. I also understand noma Canada, Inc. to obtain such a report ion about me. Any offer of employment i da, Inc. without just cause. Williams-Sor	organizations named in this application that, for employment purposes, and I authorize, without reservation, and by Williams-Sonoma Canada, Inc. and/o
ll of the information I have supplied in this	application is a true and complete statement of the facts evious employers, educational institutions and references	s and, if employed, I agre	e that any false sta	atement, misrepresentation or omission m	
Signature			Date		