

Training Employees and Tools

Santé

Canada

Employee Agreement

Please initial in the box beside each paragraph to show that you fully understand the requirements of the Federal and Provincial tobacco legislation and store policy.

Employer/Trainer Signati	ure:
Employee Signature:	Date:
I,tobacco legislation and sto	, have read and understand the requirements of Federal and Provincia ore policy regarding tobacco sales.
	AND THAT THE ONLY ACCEPTABLE I.D. IS GOVERNMENT PHOTO I.D. D IN THE FEDERAL AND PROVINCIAL TOBACCO LEGISLATION.
	AND AND WILL FOLLOW STORE POLICY TO REQUEST I.D. FROM PPEARING YEARS OF AGE OR UNDER.
	AL TO SELL OR PROVIDE (FURNISH) TOBACCO PRODUCTS TO NDER 19 YEARS OF AGE.
cigarettes, snuf	O PRODUCT INCLUDES: If, loose tobacco, cigars, little cigars, bidis, kreteks, chewing tobacco, eaves, tubes, tobacco itself, cigarette papers, filters, blunt wraps

Note: Please keep a copy of this form for your employee personnel files.