



**Applicant's Information:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Office Use only - purge date

City \_\_\_\_\_ Prov \_\_\_\_\_ Home Phone \_\_\_\_\_

Postal Code \_\_\_\_\_ Work Phone \_\_\_\_\_

What position are you applying for?	What shifts are you available?	When do you prefer to work?
<input type="checkbox"/> Housekeeping <input type="checkbox"/> Volunteer <input type="checkbox"/> Kitchen <input type="checkbox"/> Office <input type="checkbox"/> Cook <input type="checkbox"/> Maintenance <input type="checkbox"/> Recreation <input type="checkbox"/> Other _____	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual (Fill in for vacation and sick relief)

**General Information:**

What is the minimum pay that you would expect? \$ \_\_\_\_\_ per \_\_\_\_\_

Have you previously worked for the Lacombe Foundation?  Yes  No

If **YES**, please indicate dates of employment from \_\_\_\_\_ to \_\_\_\_\_

Location \_\_\_\_\_ Manager \_\_\_\_\_

Do you have any relatives working for the Lacombe Foundation?  Yes  No

If **YES**, please indicate Name \_\_\_\_\_ and Relationship \_\_\_\_\_

Do you have reliable transportation to and from work?  Yes  No

**Please indicate any training that you have:**

<input type="checkbox"/> Basic First Aid	<input type="checkbox"/> CPR
Date _____	Date _____
<input type="checkbox"/> WHMIS	<input type="checkbox"/> Food Handlers
Date _____	Date _____

## Employment Application

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### Employment History

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Duties and Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Duties and Experience \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact this employer for a reference?  Yes  No

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Dates: From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Supervisor \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Type of Business \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Duties and Experience \_\_\_\_\_

\_\_\_\_\_

## Employment Application

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May we contact this employer for a reference?  Yes  No

### Education:

Date	Grade, Degree or Program	Institution/Location

### Additional Training, courses, and skills:

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### References:

Name	Relationship	Phone Number

### Additional Comments:

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I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, any falsified statements on this application shall be considered sufficient cause for dismissal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Province of  
volunteers  
that the  
the Founda

Office Use Only	
Hire Date _____	Position _____
Hiring Manager _____	<input type="checkbox"/> New Hire Packet <input type="checkbox"/> CRC <input type="checkbox"/> Employee File

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