

SYLVAN LAKE FOUNDATION

APPLICATION FOR EMPLOYMENT

Position applied for: _____ Date: _____

Full Time _____ Part Time _____ Casual _____

Name: _____

Address: _____

_____ Postal Code: _____

Telephone: Home: _____ Other: _____ Work: _____

EDUCATION

NAME OF LOCATION SCHOOL, COLLEGE, UNIVERSITY, ETC,	NUMBER OF YRS ATTENDED	DATE GRADUATED	SUBJECT STUDIED

WORK EXPERIENCE (Begin with the last position)

1. Position _____ Wage _____
Company or Employer _____
Address _____
Date Started _____ Date Left _____
Supervisor _____ Telephone _____
Reason for Leaving _____

2. Position _____ Wage _____
Company or Employer _____
Address _____
Date Started _____ Date Left _____
Supervisor _____ Telephone _____
Reason for Leaving _____

3. Position _____ Wage _____
Company or Employer _____
Address _____
Date Started _____ Date Left _____
Supervisor _____ Telephone _____
Reason for Leaving _____

WORK REFERENCES

Name: _____ Telephone: _____
Address: _____

Name: _____ Telephone: _____
Address: _____

PERSONAL REFERENCES

Name: _____ Telephone: _____
Address: _____

Name: _____ Telephone: _____
Address: _____

Do you have any allergies which would prevent you from working as a cook or housekeeper? (such as cleaning powders, liquids, detergents, etc.)

Do you have a history of back trouble? _____

Are you available for shift work? _____ Weekends? _____

Date available for duty? _____

Are you presently employed? _____
If yes, may we contact your employer? _____

Are you related to any of residents, employees, or Board members? _____
If yes, whom? _____

Have you ever been previously employed by this Foundation? If yes, when and in what capacity?

The remaining part of this application is for your convenience in furnishing additional information which you would like to bring to our attention. Use this space for any statement you wish to make as to why you may be specially qualified for the position being applied for. _____

I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand and agree that a false statement may disqualify me from employment or result in my dismissal.

Date: _____ **Signed:** _____