

EMPLOYMENT APPLICATION

Date Received: _____

1. APPLICANT INFORMATION:

NAME: _____
 Surname First Initial

MAILING ADDRESS: _____ POSTAL CODE: _____

HOME PHONE #: (____) _____ CELL PHONE #: (____) _____

E-MAIL ADDRESS: _____

2. LODGE:

- ASPEN RIDGE - Box 2290 Didsbury, AB T0M 0W0
- CHINOOK WINDS LODGE - Box 1030 Carstairs, AB T0M 0N0
- FOOTHILLS LODGE - Box 840 Sundre, AB T0M 1X0
- MOUNT VIEW LODGE - 5230-50 Street Olds, AB T4H 1N7

3. POSITION APPLIED FOR:

- FULL TIME
- PART TIME
- CASUAL
- FOOD SERVICES
- LAUNDRY/HOUSEKEEPING
- COOK
- ACTIVITY COORDINATOR
- HEALTH CARE AIDE
- OTHER _____

Are you available for all shifts? YES NO DAYS EVENINGS NIGHTS

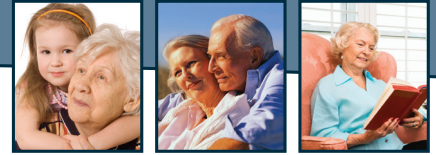
Do you have current Emergency First Aid Certification & CPR? YES NO

4. EDUCATION:

TYPE OF SCHOOL	NAME & ADDRESS	FROM	TO	GRADE COMPLETED	COURSE OR MAJOR
HIGH SCHOOL					
POST SECONDARY					
OTHER					
OTHER					

5. EMPLOYMENT REFERENCES:

NAME & ADDRESS	OCCUPATION	TELEPHONE NUMBER



6. WORK HISTORY: (begin with most recent)

NAME OF EMPLOYER	TELEPHONE NUMBER (WITH AREA CODE)	JOB TITLE	PERIOD OF EMPLOYMENT	CONTACT PERSON

7. ADDITIONAL COMMENTS:

PLEASE READ CAREFULLY

UPON ACCEPTANCE OF EMPLOYMENT, THE FOLLOWING WILL BE REQUIRED:

1. Criminal Records Check with Vulnerable Sector
2. Emergency First Aid + CPR
3. A Medical examination may be required.

I certify that the statements made by me in this application are true and complete. Should I be employed, I agree to abide by the policies, rules and regulations of the Mountain View Seniors' Housing. I hereby agree to allow MVSH to check my references.

SIGNATURE OF APPLICANT

Application must be completed and signed to be valid.

DATE

8. MVSH USE ONLY:

Mountain View Seniors' Housing

Human Resources
 #301, 6501 - 51st Street
 Olds, Alberta T4H 1Y6
 Phone: 403-556-2957
 Fax: 587-796-0776
 Email: hr@mvsh.ca

