M.D. OF ST. PAUL FOUNDATION ELK POINT HERITAGE LODGE/SUNNYSIDE MANOR

APPLICATION FOR EMPLOYMENT

PERSONAL DATA (please print)					
LAST NAME:	FIRST NAME:				
MAILING ADDRESS:					
Home Telephone:	Business Telephone:				
Are you legally entitled to work in Canada:	fes:	No:			
EDUCATION					
	Name of School	Grade/Certificate			
High School					
Post Secondary					
Other Courses					
GENERAL INFORMATION					
Position Applied For:					
Full Time: Part Time:	Casual:				
Do you have any allergies which would prevent you from working as a cook or housekeeper? (cleaning powders, liquids, detergents, etc.)					
Are you available for shift work?	Weekends?				
Date available for duty:					
Are you presently employed? If so, may we contact your present employer?					
Are you related to any of our employees?					
Have you ever been previously employed by this foundation? If so, when and in what capacity?					
General Information: This space is for your convenience to provide any additional information which you would like to bring to our attention.					

EMPLOYMENT HISTORY				
Address: Telephone: Dates of Employ Name of Immedia Supervisor: Reason for Seek		Your Title and Duties:		
Address: Telephone: Dates of Employ Name of Immedia Supervisor: Reason for Seek	To From ate	Your Title and Duties:		
REFERENCES (Name of two persons, other than relatives, from whom we may request references)	Occupation: Address: 2. Name: Occupation:	Phone:		
	Address:	Phone:		
I,	authorize t the Foundation deems appropries references to release appropri	the M.D. of St. Paul Foundation to check any and riate in their review of my application. I also riate information to the M.D. of St. Paul Foundation Date		
all references, that authorize any of the in their review of n	authorize t the Foundation deems approprie references to release appropring application. Upon becoming a successful of foundation with a criminal reco	the M.D. of St. Paul Foundation to check any and riate in their review of my application. I also riate information to the M.D. of St. Paul Foundation		
all references, that authorize any of the in their review of many of the signature ADDITIONAL INFORMATION PLEASE READ BE I certify that the standard the standard in the stan	authorize the Foundation deems approprie references to release appropriny application. Upon becoming a successful of foundation with a criminal recorded and discussed with the considered. FORE SIGNING: atements made by me in this ap	the M.D. of St. Paul Foundation to check any and riate in their review of my application. I also riate information to the M.D. of St. Paul Foundation Date candidate, you will be required to provide the ord check. The results of this search must be ne Lodge Manager before the position can be oplication are true and complete to the best of my ements are found to be untrue, this application may		