

APPLICATION FOR EMPLOYMENT

PASSAMAQUODDY LODGE INC.

230 Sophia St., St. Andrews, NB E5B 2C2
Telephone (506) 529-5240 Fax (506) 529-5258

LAST NAME

GIVEN NAME

STREET ADDRESS

APT. NO.

CITY/TOWN

PROVINCE

POSTAL CODE

TELEPHONE

HOME: _____

CELL: _____

WORK: _____

Email: _____

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY PASSAMAQUODDY LODGE INC.

YES

NO

IF YES, WHAT POSITION? _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA AND ABLE TO SHOW PROOF OF ELIGIBILITY?

YES

NO

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH YOU HAVE NOT BEEN
PARDONED?

YES

NO

TYPE OF POSITION DESIRED:

Position applied for: _____

How did you learn of this position? _____

Date available to start work? _____

Full Time

Part Time

Summer (from _____ to _____)

Other (from _____ to _____)

Available for shifts: Yes

No

If so, on:

Days

Evenings

Nights

Days available (circle): Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

Hours available: _____

IF HIRED, DO YOU HAVE RELIABLE MEANS OF TRANSPORTATION TO WORK?

EXPLAIN: _____

EDUCATION:

TYPE OF SCHOOL	NAME/ADDRESS OF SCHOOL	GRADE/LEVEL COMPLETED	HAVE YOU GRADUATED	CURRENTLY ENROLLED?	YEAR OF GRADUATION/ EXPECTED GRAD.	NAME OF DEGREE/ DIPLOMA/CERT.	SUBJECTS SPECIALIZED IN
HIGH SCHOOL							
COMMUNITY COLLEGE							
BUSINESS/ TRADE/ TECHNICAL SCHOOL							
UNIVERSITY							
POST GRADUATE							
CORRESPONDENCE/ SELF STUDY							
OTHER							

REGISTRATIONS/CERTIFICATES/LICENSES: _____
 (CIRCLE APPROPRIATE CHOICE & INDICATE NAME)

INDICATE PROVINCE: _____ NUMBER: _____ DATE: _____
 OF MOST RECENT REGISTRATION/CERTIFICATE/LICENSE

SPECIAL SKILLS:

Computer Skills: _____

Language Skills:

	ENGLISH	FRENCH	OTHER (SPECIFY)
SPEAK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
WRITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
READ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

We require a copy of your current registration

OBTAINED NOT OBTAINED

BASIC CARDIAC LIFE SUPPORT YES
 NO

REFERENCES:

NAME 3 PERSONS WHO CAN SUPPLY INFORMATION PERTINENT TO YOUR JOB PERFORMANCE.
(NAME, ADDRESS AND TELEPHONE #):

1. _____
2. _____
3. _____

EMPLOYMENT HISTORY:

- RESUME ATTACHED
- OTHER SUPPLEMENTARY INFORMATION ATTACHED

PLEASE LIST YOUR MOST RECENT PLACE OF EMPLOYMENT AND CONTINUE IN SEQUENCE

<u>NAME & ADDRESS OF EMPLOYER</u>	<u>DATES</u>	<u>SUPERVISOR'S NAME</u>
	FROM: TO:	
JOB TITLE & RESPONSIBILITIES		
<u>NAME & ADDRESS OF EMPLOYER</u>	<u>DATES</u>	<u>SUPERVISOR'S NAME</u>
	FROM: TO:	
JOB TITLE & RESPONSIBILITIES		
<u>NAME & ADDRESS OF EMPLOYER</u>	<u>DATES</u>	<u>SUPERVISOR'S NAME</u>
	FROM: TO:	
JOB TITLE & RESPONSIBILITIES		

The facts set forth in this application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for discharge and/or legal action.

I agree and understand that I must satisfactorily complete a probationary period. I agree that I will submit to a physical examination as required and I will comply with all practices and policies governing employees of this facility.

I agree to not disclose or use, without proper authorization, either during, or subsequent to my employment with this facility, any private or confidential information about the organization, its clients or staff members of which I become aware through my employment with this organization.

DATE OF APPLICATION: _____ SIGNATURE: _____

R: March 2021