



EMPLOYMENT OPPORTUNITY

BEAVERHILL PIONEER LODGE

Casual

DAY SHIFT COOK

Shifts 6:30 am to 5:30 pm

RATE OF PAY: AS PER COLLECTIVE AGREEMENT

DATE POSTED: May 20, 2020

CLOSING DATE: Open

START DATE: as required

SUBMIT APPLICATIONS TO LODGE MANAGER

beaverhillpioneerlodge@shaw.ca

COMPETITION #: 20 - 05 -20

LAMONT COUNTY HOUSING FOUNDATION
APPLICATION FOR EMPLOYMENT
 Box 120, Lamont, Alberta T0B 2R0



Beaverhill Pioneer Lodge
 Phone: 780-895-2573
 Fax: 780-895-2900
 Lamont, AB T0B 2R0

Father Filas Manor
 Phone: 780-764-3013
 Fax: 780-764-2056
 Mundare, AB T0B 3H0

PERSONAL DATA (please print)

LAST NAME	FIRST	MIDDLE	
ADDRESS	CITY	PROVINCE	POSTAL CODE
	HOME TELEPHONE	WORK TELEPHONE	E-MAIL ADDRESS

POSITION

POSITION APPLIED FOR	COMPETITION NUMBER (if applicable)
	DATE OF AVAILABILITY

BACKGROUND

EDUCATION LEVEL	SCHOOL NAME	HIGHEST GRADE, DIPLOMA OR DEGREE AWARDED	YEAR COMPLETED
HIGH SCHOOL			
POST SECONDARY EDUCATION (COLLEGE/TECHNICAL TRAINING)			
UNIVERSITY			
OTHER RELATED EDUCATION/TRAINING			

Are you currently registered with a Professional Association? No Yes (if "yes," please complete this section)

Association: _____

Certificate Number: _____

Province: _____

Do you have a current Alberta Driver's License? Yes No
 Are you fluent with the English Language? Yes No
 Are you fluent in other languages? Yes No
 If "yes," please list: _____

Have you ever been employed with a Health Care Facility or Community Health Program within the Health Region?
 No Yes Please list site(s):

Are you available to work: Yes No

Shift Work	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Full Time
Weekends	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Casual
Statutory Holidays	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Part Time
			<input type="checkbox"/> Temp

Please indicate the type of employment desired.

Comments:

PREVIOUS EMPLOYMENT *(please start with most recent)*

COMPANY NAME		YOUR POSITION AND DUTIES
ADDRESS OF EMPLOYER		
TELEPHONE		
YOUR SUPERVISOR – name and position		REASON FOR LEAVING
START DATE	END DATE	NUMBER OF PEOPLE YOU SUPERVISED (if applicable)
COMPANY NAME		YOUR POSITION AND DUTIES
ADDRESS OF EMPLOYER		
TELEPHONE		
YOUR SUPERVISOR – name and position		REASON FOR LEAVING
START DATE	END DATE	NUMBER OF PEOPLE YOU SUPERVISED (if applicable)

COMMENTS:

Please attach any documentation to further support your application
(i.e.; resume or letters of reference)

Resume Attached
 YES NO

APPLICANT DECLARATION

- I understand that I must provide reference information upon request.
- I understand that a Criminal Record Check is a pre-employment requirement with Lamont Health Care Centre.
- I declare that I am in good health and have no health problems or disabilities which will prevent me from meeting the requirements of the position.
- I declare that all documentation provided with my application including subsequent written or verbal information is true and complete. I understand that any misrepresentation or omission of fact may disqualify my application or be cause for immediate termination post hire.
- I understand and agree that should employment be offered, I may be required to pass a functional analysis (at my cost) to ensure I am physically and/or mentally able to perform the duties of the job.

DATE _____

SIGNATURE _____