



Casual
EMPLOYMENT OPPORTUNITY

BEAVERHILL PIONEER LODGE

General Service Workers

Shifts: 7 a.m.-3p.m.

3 p.m.-11p.m.

11 p.m.-7 a.m.

Email resume: beaverhillpioneerlodge@shaw.ca

Fax: 780-895-2900

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

☐ ☐

Weekends

☐ ☐

Statutory Holidays

☐ ☐

Please indicate the type of employment desired.

☐ Full Time

☐ Casual

☐ Part Time

☐ Temp

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 _____