


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

	Beaverhill Pioneer Lodge Phone: 780-895-2573 Fax: 780-895-2900 Lamont, AB TOB 2R0	Father Filas Manor Phone: 780-764-3013 Fax: 780-764-2056 Mundare, AB T0B 3H0
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PERSONAL DATA (please print)

LAST NAME	FIRST	MIDDLE
ADDRESS	CITY	PROVINCE
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you fluent with the English Language: <input type="checkbox"/> Yes <input type="checkbox"/> No Are you fluent in other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," please list: _____	Have you ever been employed with a Health Care Facility or Community Health Program within the Health Region? <input type="checkbox"/> No <input type="checkbox"/> Yes Please list site(s): _____ _____
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Are you available to work:	Yes	No	Please indicate the type of employment desired.	Comments:
Shift Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Full Time	_____
Weekends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Casual	_____
Statutory Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Part Time	_____
			<input type="checkbox"/> Temp	_____

PREVIOUS EMPLOYMENT <i>(please start with most recent)</i>		
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 <input type="checkbox"/> YES <input type="checkbox"/> NO
APPLICANT DECLARATION		
<ul style="list-style-type: none"> ▪ 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 _____