

## Brazeau Foundation Managing Housing Solutions

## **APPLICATION FOR EMPLOYMENT**

PERSONAL D	ATA				
			Phone		
Address					
Position applied for When available					
		time? Times Available Shift work?			
EDUCATION					
	or degree completed		Y	ear	
	additional training or courses you have co				
r loads not arry	additional training of obdition you have on				
EXPERIENCE	List most recent employ	er first			
	e and Address				
	to				
	to 				
Oupervisor					
Company Nam	e and Address				
From	to	Reason for leavi	ng		
Supervisor					
Company Nam	e and Address				
		toReason for leaving			
	: work related other than relatives				
			Relationship	Phone	
Name				Phone	
Name		Occupation	Relationship	Phone	
I certify that all statements made in this application are, to the best of my knowledge, correct. I accept the requirement and will provide a criminal record check. I acknowledge the right to Brazeau Seniors Foundation to verify the information provided in this application. Should any statement be proven inaccurate, I understand Brazeau Seniors Foundation may cancel my employment.					
Signature	ureDate				
		FOR OFFICE USE (	DNLY		
Position	Sta	Start dateProbationary period			
Hours of Wor	kBenefits	Name Tag	Step	Wageper	
SIN	Clear Criminal Reco	rdTD1 a	ttachedVo	oid Cheque attached	
Requested b	y:	Manager Date			
Approved by	:	Date			

"Your One Stop Solution for Affordable Housing" This personal information is being collected under the authority of the Alberta Housing Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act.