



Heimstaed Lodge

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Ph: 780-841-3082 Fax: 780-928-4435
Email: office@lcmna.ca



Date received _____

Employee Application Form

Application information

Applicant Name: _____

Address: _____

Phone Numbers: _____ Home Phone

_____ Business Phone

_____ Cell Phone

Employment Positions

(Please check as many departments as you wish to be considered for.)

Cook _____ (requires working some evenings, and weekends)

Dining Aid _____ (requires working some evenings, and weekends)

Housekeeping: _____ (requires working some weekends)

Health Care Aide: _____ (requires working some weekends, evenings, and nights)

Activity Aide: _____ (requires working some evenings and weekends)

Maintenance _____ (requires some after hour calls)

Are you applying for:

Permanent: _____ (Full Time) _____ (Part Time)

Casual: _____ (must work some weekends)

Temporary: _____

If applying for temporary or casual what days and hours are you available for work?

Education

High School _____ Highest Grade Achieved _____

Post Secondary School _____ Degree/diploma earned: _____

Experience

Please list the last three (3) places of employment and the position you held.

1. Name of Organization: _____
Address: _____
Date started: _____ Starting wages: _____ Starting position: _____
Date ended: _____ Ending wages: _____ Ending position: _____
Supervisor's Name: _____
May we contact your supervisor: yes no If yes, phone # _____
List duties and responsibilities: _____

Reason for leaving: _____

2. Name of Organization: _____
Address: _____
Date started: _____ Starting wages: _____ Starting position: _____
Date ended: _____ Ending wages: _____ Ending position: _____
Supervisor's Name: _____
May we contact your supervisor: yes no If yes, phone # _____
List duties and responsibilities: _____

Reason for leaving: _____

3. Name of Organization: _____
Address: _____
Date started: _____ Starting wages: _____ Starting position: _____
Date ended: _____ Ending wages: _____ Ending position: _____
Supervisor's Name: _____
May we contact your supervisor: yes no If yes, phone # _____
List duties and responsibilities: _____

Reason for leaving: _____

References

Please list three work references, (not family members), and their contact numbers. If you have no work experience, please list academic references.

