## Employment Application Form

PLEASE COMPLETE REQUESTED INFORMATION (PLEASE PRINT OR TYPE)

|  |
| --- |
| *Applicant Information* |
| Full Name:  |
| Address:  |
| City: | Province: | Postal Code:  |
| Primary Number: ( ) | Cell Phone Number: ( ) |
| Are you legally eligible to work in Canada? Yes No(Supporting documentation will be required prior to the commencement of employment) |
| Are you of legal age to work in Alberta? Yes No |
| Have you ever been bonded? Yes No Has bond ever been refused? Yes No |
| Have you ever worked for the Seventh-day Adventist Church before? Yes NoIf yes: Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you been convicted of a criminal offence which is connected to the position you are applying for and for which a pardon has not been granted? Yes NoIf yes, please provide details regarding the nature of the infraction(s):(a criminal conviction will not necessarily be a bar to employment) |

**TELL US WHAT YOU ARE LOOKING FOR:**

|  |
| --- |
| Position Desired: |
|  Full-time Part-time Temporary Seasonal |

**TELL US ABOUT YOUR EDUCATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Type of School* | *Highest Grade* | *Name of School and Course of Study or Major* | *Year Completed*  |
| High School or equivalent | 9 10 11 12 13 |  |  |
| College or University  | 1 2 3 4 |  |  |
| Vocational/Trade School |  |  |  |
| List any other certifications or licenses you currently possess:  |

**TELL US ABOUT YOUR LAST JOB:**  Please see attached resume *Or,*You may include as part of your employment history any work performed on a volunteer basis, but please do not include specific information concerning membership in organizations which are identified by religion, ethnic background or any other prohibited grounds of discrimination.

|  |
| --- |
| *Last Work Position* |
| Where did you work? (include name of company and phone number) |
| Start Date:  | End Date: |
| What was your position?  |
| What were your duties/responsibilities in this position?  |
| Why did you leave? |
| May we call your supervisor? Yes No | Supervisor Name:  |
| Supervisor Contact Information: |

|  |
| --- |
| *Second Last Work Position* |
| Where did you work? (include name of company and phone number) |
| Start Date:  | End Date: |
| What was your position?  |
| What were your duties/responsibilities in this position?  |
| Why did you leave? |
| May we call your supervisor? Yes No | Supervisor Name:  |
| Supervisor Contact Information: |

**REFERENCES:**

|  |
| --- |
| Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the supervisor contact given in the previous section. Please add references here. If any references have known you by a previous name, please specify. |
| **Name** | **Telephone #** | **Relationship** | **# of Years Known** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**APPLICANT SIGNATURE:**

|  |
| --- |
| *Please sign to confirm all information provided is accurate.* |
| **Signature** |  |
| **Date Signed** |  | **Earliest Available Start Date** |  |