



**ACADIA FOUNDATION
HANNA-CONSORT-OYEN**

EMPLOYMENT APPLICATION FORM

NAME: _____		
(FIRST)	(MIDDLE INITIAL)	(LAST)
ADDRESS: _____		
CITY: _____	PROVINCE: _____	POSTAL CODE: _____
TELEPHONE NO. _____	ALTERNATE NO. _____	

Please indicate which location you are interested in working:

- Hanna Consort Oyen

Are you interested in? (Check all if applicable):

- Full-time Part-time Casual

What is your hourly wage expectation? _____

When are you available to start? _____

Do you have any restrictions in terms of days of hours when you cannot work?

- No Yes (Please Explain)

The Alberta Protection of Persons in Care Act requires a criminal record check be submitted with every applicant. Your criminal record check:

- Is attached Will be submitted by _____
(date)

PAST EMPLOYMENT (List work history or attach current resume)

Company Name & Address	Phone No.	From	To	Work Performed

EDUCATION

Institution	No. of Yrs. Attended	Certificate Attained

REFERENCES

Name	Company	Position	Telephone

May we contact your previous Employer or References? Yes No

Please describe how your previous experience (work, educational or personal) would be beneficial with our organization:

Hobbies and Special Interests:

APPLICANTS CERTIFICATION

I certify that the information I have provided is correct and complete to the best of my knowledge. I understand that any false information contained in this application may result in termination of my employment with the Acadia Foundation. Subject to my consent above, I authorize you to communicate with all my listed employers and references.

Signature _____ Date _____