



# Green Acres Foundation Application for Employment

**Green Acres Foundation** is committed to ensuring that operating policies and practices do not discriminate on the basis of race, color, religion, sex, marital status, age or physical handicap. We believe that all staff members should be provided with every opportunity to reach their potential and will provide a work environment that encourages people to think, speak and act for themselves.

We appreciate your interest in our organization and assure you that your qualifications and experience will be reviewed with all due consideration. A clear understanding of your background and work history will assist us in placing the most suitable candidate in a position with the **Green Acres Foundation**.

This confidential information is being collected in accordance with the Freedom of Information and Protection of Privacy Act, in that it relates directly to and is necessary to determine suitability of applicants for Green Acres Foundation employment. Personal information contained herein may be disclosed if deemed necessary to assess suitability of applicants. For further information contact the Freedom of Information and Protection of Privacy Coordinator for Green Acres Foundation at (403) 328-1155.

PLEASE PRINT CLEARLY

<b>NAME:</b>	<b>ADDRESS:</b>	<b>TELEPHONE:</b> Home: Other:
<b>Position applied for:</b>	<b>Rate of pay expected:</b>	<b>Date available:</b>
<b>Full-time:</b> <input type="checkbox"/> <b>Part-time:</b> <input type="checkbox"/> <b>Casual:</b> <input type="checkbox"/>	<b>If part-time or casual , please specify days and hours available:</b>	
<b>PERSONAL DATA</b>		
<b>Are you legally entitled to work in Canada?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Do you have current First Aid Certification?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>Do you have current CPR Certification?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Have you ever been convicted of an offense for which a pardon has not been granted?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Have you previously worked for Green Acres Foundation?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Do you have a reliable means of transportation? (Check all that apply.)</b>  Public transportation <input type="checkbox"/> Access to a vehicle <input type="checkbox"/> Class 5 license <input type="checkbox"/> Class 4 license <input type="checkbox"/>
<b>Do you know anyone presently employed by the Green Acres Foundation?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If YES, give name(s):</b>  _____	
<b>Are you available to work at a variety of locations?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Have you attached an additional sheet(s) or resume?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Are you 18 years of age or older?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If under 18, what is your age?</b> _____

**EMPLOYMENT HISTORY**

List below all present and past employment, beginning with your most recent.

<b>Name &amp; Address of Company</b>	<b>Date of employment</b> From:            To: <b>Position held:</b> <b>Reason for leaving:</b>	<b>Immediate Supervisor:</b>  <b>Telephone Number:</b>
<b>Name &amp; Address of Company</b>	<b>Date of employment</b> From:            To: <b>Position held:</b> <b>Reason for leaving:</b>	<b>Immediate Supervisor:</b>  <b>Telephone Number:</b>
<b>Name &amp; Address of Company</b>	<b>Date of employment</b> From:            To: <b>Position held:</b> <b>Reason for leaving:</b>	<b>Immediate Supervisor:</b>  <b>Telephone Number:</b>
<b>Name &amp; Address of Company</b>	<b>Date of employment</b> From:            To: <b>Position held:</b> <b>Reason for leaving:</b>	<b>Immediate Supervisor:</b>  <b>Telephone Number:</b>

May we contact the employers listed above?             YES             NO

If NO, indicate which one(s) you do not wish us to contact:

\_\_\_\_\_

Please indicate any previous names that differ from your current name to be used only to verify past employment or education, or to do a reference check: \_\_\_\_\_

**EDUCATION**

<b>NAME AND ADDRESS OF SECONDARY SCHOOL:</b>	<b>PROGRAM:</b>  <b>DIPLOMA RECEIVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>YEAR(S) ATTENDED:</b>
<b>NAME AND ADDRESS OF COLLEGE/UNIVERSITY:</b>	<b>PROGRAM:</b>  <b>DIPLOMA/DEGREE RECEIVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>YEAR(S) ATTENDED:</b>
<b>OTHER EDUCATIONAL FACILITIES:</b>	<b>PROGRAM:</b>  <b>DIPLOMA RECEIVED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>YEAR(S) ATTENDED:</b>

**ACHIEVEMENTS AND ACTIVITIES**

Are there any other experiences, skills, or qualifications which you feel would benefit the **Green Acres Foundation**? Please list academic honors, scholarships, participation in or offices held in extracurricular or volunteer activities which you consider significant. (Exclude those indicating race, color, religion, political opinion, sex or national origin).

**AUTHORIZE FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ hereby authorize Green Acres Foundation to gather relevant information necessary to assess my suitability for employment. I understand that my application for employment with Green Acres Foundation will be kept on file for a period of one (1) year only. If employment has not occurred by that time, I understand that it will be my responsibility to re-submit an application.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

**EMPLOYMENT CONDITIONS**

I understand that if employed, I may be required to work a rotating schedule. I further understand that it may be necessary to change my scheduled work hours or location to meet the needs of business. I understand that my employment is dependent on providing a clear criminal record check.

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement will disqualify me from employment or cause my dismissal.

**FOR OFFICE USE ONLY**

Name:		Social Insurance Number: ____ / ____ / ____	
Address:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Phone Number:		Date of Birth:	
Facility:	Position:	<input type="checkbox"/> Full time	<input type="checkbox"/> Temp
		<input type="checkbox"/> Part time	<input type="checkbox"/> STEP
		<input type="checkbox"/> Casual	
Employee I.D. Code: ____ / ____ / ____ / ____ / ____ / ____	Starting Wage/Salary: 1.5 x                  2.5 x	Starting Date:	
Sign up:	Orientation:		
Security Check attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
Standard First Aid Certificate attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
Personal Care Aide Certificate attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
Other Certificate (                      ) attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date:
Void Cheque attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
TD1 attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Authorized by:	Processed by Payroll:		

<b>Signature</b>		<b>Date</b>	
Contact in Case of Emergency: _____		Relationship: _____	
Home Telephone #: _____		Work Telephone #: _____	

**ATTACH VOID CHEQUE**