

APPLICATION FOR EMPLOYMENT
 833-9th St. S.W. High River, AB T1V 1C3 403-652-8600
 Email: hr@westwindscommunities.ca



Position Applied For:		Type of Work:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>
			Event Related <input type="checkbox"/>	Casual <input type="checkbox"/>	
Competition No:		Date Available:			
Shift Availability (check all that apply): Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/>	English language proficiency (Oral and written):		<input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert		

PERSONAL

Legal Name:					
Address					
Phone:		Cell Phone:			
Email Address:					
Have you previously been employed with Westwinds Communities?	<input type="checkbox"/> Yes	If yes, at what community:			
	<input type="checkbox"/> No	Position:			
		Last day of Work:			
Do you have any relatives employed with Westwinds Communities? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please provide the relative's name:					
Are you 18 years of age or over and legally able to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>					

EDUCATION

	Name and Location	Degree, Diploma or Certificate Completed	Year Completed
High School			
Post Graduate / Vocational			
Professional Development			

EMPLOYMENT HISTORY (Begin with most recent)

Name of Employer:	Address:	Telephone:	Name of Supervisor:
Reason for Leaving:		Start Date:	Finish Date:
Employment Status: FT <input type="checkbox"/> PT <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/>		Position Held:	

Name of Employer:	Address:	Telephone:	Name of Supervisor:
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Name of Employer:	Address:	Telephone:	Name of Supervisor:
Reason for Leaving:		Start Date:	Finish Date:
Employment Status: FT <input type="checkbox"/> PT <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/>		Position Held:	

OTHER EXPERIENCE: Identify any other experience you have acquired which you feel makes you specifically suited for employment with Westwinds Communities. (Attach Resume)

Are you able to safely lift 50lbs/23 Kg?

Yes No

APPLICANT'S DECLARATION – PLEASE READ CAREFULLY AND BE SURE APPLICATION FORM HAS BEEN FILLED OUT CORRECTLY AND COMPLETELY

1. The information given in this application is accurate and complete, and I understand that any misrepresentation or omission may be cause for withdrawal of any job offer; or may result in my termination of employment with Westwinds Communities with cause and without notice or compensation.
2. I authorize relevant organizations to release to Westwinds Communities or any of its agents, information relating to my employment history, education and/or other job related experience.
3. I understand that my Initial and continued employment with Westwinds Communities may be contingent upon results of a medical examination and other screening processes which I may be requested to have periodically scheduled.
4. I understand that if employed, my employment is conditional upon the successful completion of the applicable probationary period and acceptance of my criminal records check.
5. I understand that Westwinds Communities supports a smoke free work environment and I agree to abide by all smoking restrictions.

Signature of Applicant

Date

FOR EMPLOYER USE ONLY

Date Received:	Reason for In-eligibility for employment:	
Eligible for employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	