



APPLICATION FOR EMPLOYMENT

How did you learn about this job opportunity? _____

GENERAL INFORMATION

Date Application Received: _____

1. Please note that you need not answer questions which you feel infringe on your individual rights.
2. Please submit a separate application for each position applied for.
3. Successful applicants may be required to validate educational qualifications as a condition of employment.

Position Applied For: _____

Employment Desired: Full Time Part Time Temporary Seasonal

List Clerical Job Related Skills (if applicable): _____

PERSONAL DATA

Name: _____
Surname First Middle

Address: _____
Street Number City or Town

Province Postal Code

Telephone: _____ e-mail address: _____

Are you legally eligible to work in Canada? Yes No

Have you previously worked at The Glencoe Club? Yes No

Have you previously worked at The Glencoe Golf & Country Club? Yes No

Have you ever been convicted of any law violation? Yes No

If Yes, give details: _____

NOTE: Conviction may not necessarily disqualify your application for employment.

EMPLOYMENT

*Please begin with your most recent employer, accounting for complete employment record.
Attach supplementary documents if you have had more than three positions.*

Employer: _____

Address: _____

_____ Telephone: _____

Date of Employment: From _____ To _____

Position Title: _____ Salary: Start _____ Finish _____

Duties: _____

Number of Employees Supervised ____ Name of Immediate Supervisor: _____

Reason for seeking other employment: _____

May we approach this employer for a reference? Yes No

Employer: _____

Address: _____

_____ Telephone: _____

Date of Employment: From _____ To _____

Position Title: _____ Salary: Start _____ Finish _____

Duties: _____

Number of Employees Supervised ____ Name of Immediate Supervisor: _____

Reason for seeking other employment: _____

May we approach this employer for a reference? Yes No

Employer: _____

Address: _____

_____ Telephone: _____

Date of Employment: From _____ To _____

Position Title: _____ Salary: Start _____ Finish _____

Duties: _____

Number of Employees Supervised ____ Name of Immediate Supervisor: _____

Reason for seeking other employment: _____

May we approach this employer for a reference? Yes No

REFERENCES

Give the names of three individuals, preferably business or work associates.
Recent students may use instructors or professors. Exclude relatives.

Name: _____ Company: _____

Occupation: _____ Telephone: _____ Years Known: _____

Name: _____ Company: _____

Occupation: _____ Telephone: _____ Years Known: _____

Name: _____ Company: _____

Occupation: _____ Telephone: _____ Years Known: _____

EDUCATION

Secondary or High School

Dates Attended From: _____ To: _____

Name of course/Program/Degree: _____ Last Grade Attended _____

Name of School/Institution: _____

City & Country: _____ Completed Yes No

Technical or Business School

Dates Attended From: _____ To: _____

Name of course/Program/Degree: _____ Last Grade Attended _____

Name of School/Institution: _____

City & Country: _____ Completed Yes No

University

Dates Attended From: _____ To: _____

Name of course/Program/Degree: _____ Last Grade Attended _____

Name of School/Institution: _____

City & Country: _____ Completed Yes No

GENERAL INTERESTS

Membership in Professional Organizations, hobbies and outside interests.
Exclude organizations of race, religion, ancestry, place or origin and sex.

This space may be used for your convenience, to furnish additional information.

(eg. volunteer experience, awards, qualifications or anything else you wish to bring to our attention).

DECLARATION

I certify that the statements made by me in this application and or resume are true and complete. I understand that any false statements made by me in this application may disqualify me from employment or result in dismissal.

Date: _____ Signature: _____

Office Use Only

EMPLOYMENT INFORMATION

Department: _____ Position: _____

Full Time Part Time Temporary Seasonal

Date Hired: _____ Orientation: _____ GL Code: _____

Salary Per Month: _____ Rate Per Hour: _____

Benefits Processed: _____ Date: _____

Social Insurance Number: _____ Alberta Health Care Number: _____

Date of Birth: _____ Car: Make _____

License# _____

CONTACT IN CASE OF EMERGENCY

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

HUMAN RESOURCES

References Checked: _____ Approval: _____

APPROVAL

Department Approval: _____

Management Approval: _____

THE GLENCOE CLUB PAYROLL ACCOUNT

Mr. Mrs. Ms. Miss	Surname	First Name	Payroll #
Financial Institution (Bank Name)			
Branch Name			
Branch Address			
Branch Transit #		Institution #	
-		Account #	