



OFFICE USE ONLY  
Employee ID \_\_\_\_\_

636 - 29 Avenue SW, Calgary, Alberta T2S 0P1

## 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: \_\_\_\_\_ email address: \_\_\_\_\_

Alternate Phone (cell/home): \_\_\_\_\_

*Upon hire may we communicate with you through your e-mail address to inform you of employee related issues that may be of interest to you as an employee of The Glencoe Club; such as events, seminars, articles, employee administrative issues or other pertinent information directed to an employee. Yes  No  By checking the yes box, you give us consent to communicate with you through e-mail. We will not disclose this information without your consent.*

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

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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

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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

### Post Secondary School

Dates Attended From: \_\_\_\_\_ To: \_\_\_\_\_

Name of course/Program/Degree: \_\_\_\_\_ Last Grade Attended \_\_\_\_\_

Name of School/Institution: \_\_\_\_\_

City & Country: \_\_\_\_\_ Completed Yes  No

## CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

## 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: \_\_\_\_\_

