

## Position Applied For & Availability

You can choose more than one box in each section.

Position(s) applied for:

- Dining Room Attendant       Housekeeping       Kitchen Aide  
 Administrative       Custodian       Maintenance

I am looking for work in the following area(s) of the city:

- North       South       East       West       Central

I am available to work:

- Days       Evenings       Nights       Weekends

I am interested in:

- Full-time       Part-time       Casual

Available hours:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From:							
To:							

Provide any additional information you feel could assist us in our hiring decision.

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I hereby give my consent for present/past employer(s) to be contacted for reference. I also certify that the information I am providing is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### IMPORTANT NOTE FOR APPLICANTS

You will be required to obtain a satisfactory Security Clearance BEFORE you begin working.

The personal information requested on this form is collected under the provisions of The Freedom of Information & Protection of Privacy (FOIP) Act. Any questions or concerns may be directed to the FOIP Coordinator or HR Director.

Visit [www.housingforseniors.org](http://www.housingforseniors.org) for a complete listing of our current available positions.



# Greater Edmonton Foundation Housing for Seniors



# Looking for a great place to work?

**BEST**  
SMALL &  
MEDIUM  
EMPLOYERS IN CANADA

## Personal Information

Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you legally entitled to work in Canada?  Yes  No

Do you have any relatives/friends employed by GEF?  Yes  No  
If so, what are their names, positions, sites and relationship to you?

## Education

School: \_\_\_\_\_  
Highest Grade Completed \_\_\_\_\_

School Name & Location \_\_\_\_\_

List significant training completed or special skills acquired since leaving school:

Course/Skill \_\_\_\_\_ Date \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

## Work History

List your employers beginning with the most recent.

**Most Recent Position** \_\_\_\_\_ Start/End Date \_\_\_\_\_

Duties \_\_\_\_\_

Company Name \_\_\_\_\_ Company Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Position** \_\_\_\_\_ Start/End Date \_\_\_\_\_

Duties \_\_\_\_\_

Company Name \_\_\_\_\_ Company Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

