



EMPLOYMENT APPLICATION

Leduc Foundation
 5118 50 Avenue
 Leduc, AB T9E 6V4
 Phone: 780.986.2814
 Fax: 780.986.4881

PERSONAL DATA

NAME: _____ TELEPHONE: (____) _____
 ADDRESS: _____ POSTAL CODE: _____
 POSITION APPLIED FOR: _____ WHEN AVAILABLE: _____ RATE DESIRED: _____
 FULL TIME PART-TIME TIMES AVAILABLE: _____ SHIFTWORK? _____
 LANGUAGES OTHER THAN ENGLISH SPOKEN _____ WRITTEN _____

EDUCATION

	NAME/CITY:	FROM	TO	DIPLOMA/DEGREE
<input type="checkbox"/> PUBLIC SCHOOL				
<input type="checkbox"/> HIGH SCHOOL				
<input type="checkbox"/> COLLEGE/UNIVERSITY				
<input type="checkbox"/> OTHER COURSES				

EXPERIENCE LIST MOST RECENT EMPLOYER FIRST

DATES	COMPANY & ADDRESS	POSITION	REASON FOR LEAVING
FROM	NAME	TITLE	
TO	ADDRESS	SUPERVISOR	
FROM	NAME	TITLE	
TO	ADDRESS	SUPERVISOR	
FROM	NAME	TITLE	
TO	ADDRESS	SUPERVISOR	

COMMENTS OTHER PERTINENT INFORMATION, EXPERIENCE AND EDUCATION

REFERENCES CHARACTER REFERENCES (PERSONS WHO KNOW YOU WELL, OTHER THAN RELATIVES)

NAME	OCCUPATION	RELATIONSHIP	TELEPHONE NUMBER

I certify that all statements made in this application are, to the best of my knowledge, correct. I accept the requirement, and will provide, a criminal records check. I acknowledge the right of Leduc Foundation to verify the information provided in this application. Should any statement be proved inaccurate, I understand Leduc Foundation may cancel my employment.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Position:	Start Date:	Probationary Period:
Hours of Work:	Benefits:	Name Tag: Step: Wage: per
S.I.N.:	Criminal Record Check (4): π	TD1 attached (4): π VOID cheque attached (4): π
Requested By:	Manager/Supervisor	Date:
Approval By:	Executive Director	Date:

This personal information is being collected under the authority of the Alberta Housing Act and will be used for the purpose of administering the housing program. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*.