



# ALBRIGHT MANOR

Employment Application

| APPLICANT INFORMATION                    |                              |                             |  |                              |                             |
|--|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Last Name                                |                              | First                       |  | M.I.                         | Date                        |
| Street Address                           |                              |                             |  | Apartment/Unit #             |                             |
| City                                     |                              | Province                    |  | Postal code                  |                             |
| Phone                                    |                              | E-mail Address              |  |                              |                             |
| Date Available                           |                              |                             |  |                              |                             |
| Position Applied for                     |                              |                             |  |                              |                             |
| Are you a citizen of Canada?             | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in Canada? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Have you ever worked for Albright Manor? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when?                                 |                              |                             |
| Vulnerable Sector Check available        | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, explain                               |                              |                             |

| EDUCATION   |    |                   |                              |                             |                    |
|-------------|----|-------------------|------------------------------|-----------------------------|--------------------|
| High School |    |                   | Address                      |                             |                    |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |                    |
| College     |    |                   | Address                      |                             |                    |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree/Certificate |
| Other       |    |                   | Address                      |                             |                    |
| From        | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree/Certificate |

| PROFESSIONAL REFERENCES                           |  |              |          |
|---|--|--------------|----------|
| <i>Please list three professional references.</i> |  |              |          |
| Full Name   |  | Relationship |          |
| Company   |  | Phone        | (      ) |
| Address   |  |              |          |
| Full Name   |  | Relationship |          |
| Company   |  | Phone        | (      ) |
| Address   |  |              |          |
| Full Name   |  | Relationship |          |
| Company   |  | Phone        | (      ) |
| Address   |  |              |          |

| PREVIOUS EMPLOYMENT                                      |    |                              |                             |               |    |
|--|----|------------------------------|-----------------------------|---------------|----|
| Company  |    |                              | Phone                       | (      )      |    |
| Address  |    |                              | Supervisor                  |               |    |
| Job Title  |    | Starting Salary              | \$                          | Ending Salary | \$ |
| Responsibilities   |    |                              |                             |               |    |
| From   | To | Reason for Leaving           |                             |               |    |
| May we contact your previous supervisor for a reference? |    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |               |    |
| Company  |    |                              | Phone                       | (      )      |    |
| Address  |    |                              | Supervisor                  |               |    |
| Job Title  |    | Starting Salary              | \$                          | Ending Salary | \$ |
| Responsibilities   |    |                              |                             |               |    |
| From   | To | Reason for Leaving           |                             |               |    |
| May we contact your previous supervisor for a reference? |    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |               |    |
| Company  |    |                              | Phone                       | (      )      |    |
| Address  |    |                              | Supervisor                  |               |    |
| Job Title  |    | Starting Salary              | \$                          | Ending Salary | \$ |
| Responsibilities   |    |                              |                             |               |    |
| From   | To | Reason for Leaving           |                             |               |    |
| May we contact your previous supervisor for a reference? |    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |               |    |

| PRE- EMPLOYMENT MEDICAL |  |
|-------------------------|--|
| Date:                   |  |
| Physician:              |  |
| Date forms returned:    |  |

| DISCLAIMER AND SIGNATURE  |      |
|---|------|
| I certify that my answers are true and complete to the best of my knowledge.  |      |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |      |
| Signature   | Date |