Application For Employment

Position Applying For: _____ **Date Available:** _____

Personal Information:

Full Name: _____

Mailing Address: _____

_____

_____

Home Phone: (902)- _____ Cell Phone: (902)- _____

S.I.N.: _____ Date of Birth: _____

Languages I Speak: English ____ French ____ Other _____

Languages I Write: English ____ French ____ Other _____

I am legally allowed to be employed in Canada: Yes _____ No _____

I am available to work: Full Time _____ Part Time _____

I have Certified First Aid Training: Yes _____ No _____
I have Certified CPR Training: Yes _____ No _____
I have a WHMIS Certificate: Yes _____ No _____

Other Safety Training: _____

Educational Background:

School Name	Grade/Year Completed	Degree/Diploma/Certificate ?	Completed?
Secondary School			
University/College/Trade			
Other			

Other Relevant Education Info: _____

_____

_____

_____

Employment Record: (please list most recent first)

Company Name of Present / Last Employer:

Address:	City / Province / Postal Code:	Period of Employment: From _____ To _____
Position Held:	Name of Supervisor:	Telephone #:
Reason For Leaving:		Present / Last Wage: $ _____

Company Name of Previous Employer:

Address:	City / Province / Postal Code:	Period of Employment: From _____ To _____
Position Held:	Name of Supervisor:	Telephone #:
Reason For Leaving:		Present / Last Wage: $ _____

Company Name of Previous Employer:

Address:	City / Province / Postal Code:	Period of Employment: From _____ To _____
Position Held:	Name of Supervisor:	Telephone #:
Reason For Leaving:		Present / Last Wage: $ _____

References: (please do not use family members)

Name:	Relationship:	Telephone #:	Years Known:
Name:	Relationship:	Telephone #:	Years Known:

Do we have permission to contact your current employer? Yes _____ No _____

If "No", please explain why: _____

General Information:

Please include any additional information about yourself, training, experience etc. that we should know.

_____

_____

_____

I hereby declare that the preceding information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal. By signing this application for employment, I hereby authorize Atlantic Splash Adventure to check into my background by any means deemed necessary to qualify me for employment. In addition, I authorize my former employer(s) to provide references and employment information to Atlantic Splash Adventure.

Signature: _____ **Date:** _____