**WESTVIEW LODGE- ROCKY SENIOR HOUSING COUNCIL** 5427 52 Avenue Rocky Mountain House, Alberta T4T 1S9

Telephone: 403-845-3588 Fax: 403-845-2228 Email: info@rockyseniors.com

# APPLICATION FOR EMPLOYMENT

PERSONAL IN	IFO:		
NAME:			
ADDRESS:			
TELEPHONE:			
E-MAIL:			
<b>EDUCATION:</b>			
GRADUATION Y	EAR:		
HIGH SCHOOL AT	TENDED:		
WORK HISTO			
POSITION HELI			
NAME OF COM	PANY OR		
EMPLOYER:		 	 
TOWN/ CITY O			
EMPLOYMENT:			
DATE OF EMPL			
REASON FOR L	ÆAVING:		
	<b></b>		
WORK HISTO		 	 
POSITION HELI	-		
NAME OF COM	PANY OR		
EMPLOYER:			
TOWN/ CITY O			
EMPLOYMENT:			_
DATE OF EMPL			
REASON FOR L	EAVING:		

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# **WORK REFERENCES:**

NAME:	
ADDRESS:	
TELEPHONE:	
TEEEI HONE.	
NAME:	
ADDRESS:	
TELEPHONE:	
PERSONAL REFERENCES: NAME:	
ADDRESS:	
ABBREOS.	
TELEPHONE:	
NAME:	
ADDRESS:	
TELEPHONE:	
Are you related to anyone employed by Westview Lod	e who has been, or is presently lge? If yes, who?
Are you related to any residence	dent? If yes, who?
When are you available to s	start work?
Are you available weekend	ls?

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>	Which she facility?	nifts are you	available	e for,	as	we a	are a	24hr
	3	6:30AM- 2:3	OPM					
		2:30PM- 10:						
		10:30PM- 6:						
		ALL SHIFTS:						
		ALL SHIFTS						
>	Are you ir	nterested in:						
		Iousekeeping O	nly:					
	F	ood Services O	nly:					
	E	Both:						
		ave a current	CPR/ Fir	st Aid	· —	_Yes	s <u> </u>	No
	•	that to the	best of r	ny kr	nowl	edge	the	above
	S	ignature		_		Da	ate	

### **Please Note:**

- ➤ Applications are kept on file for 6 (six) months.
- > Successful applicants will be required to provide an up to date criminal record check from the RCMP.