

D-1 RECRUITMENT AND HIRING

Appendix D-1.2

Life Empowerment Support Services Inc.

Box 4637
Unit E – 5015-55 Street
Barrhead, Alberta
T7N 1A5

admin@LifeEmpowerment.ca
www.LifeEmpowerment.ca

Application for Employment

Personal Information											
Surname			First Name				Middle Name				
Street			City/Town			Province		Postal Code			
Mailing Address, if different from above:											
Home Phone			Alternate Phone			Cell Phone			Email		
Over 18 years	Yes	No	Drivers License	Yes	No	Type of Employment	Full Time	Part Time	Canadian Citizen	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
How did you hear of Life Empowerment?						Willing to get Criminal Check and Child Welfare Check	Yes	No	Previously Worked for Life Empowerment	Yes	No
							<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Education											
High School			Grade Completed				Major				
College			Level Completed				Major				
University			Level Completed				Major				
Other Related Courses:											
<hr/> <hr/>											
Previous Employment – (last three employers, starting with your most recent)											
Employer						Mailing Address					
Start Date			End Date			Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Final Salary \$	
Nature of Business:						Position Title:					
Main Duties/Responsibilities:											
Reason for Leaving:											
Employer's Phone No.:						Contact:					
Employer						Mailing Address					
Start Date			End Date			Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Final Salary \$	
Nature of Business:						Position Title:					
Main Duties/Responsibilities:											
Reason for Leaving:											
Employer's Phone No.:						Contact:					

Previous Employment – (continued)				
Employer		Mailing Address		
Start Date	End Date	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Final Salary \$
Nature of Business:		Position Title:		
Main Duties/Responsibilities:				
Reason for Leaving:				
Employer's Phone No.:		Contact:		
References				
I authorize you to obtain references from my past and present employer(s)/supervisor(s).				
_____		_____		
Signature		Date		
Additional Information/Volunteer Experience				
Declaration				
I certify that all information given in this application is true and correct, realizing that any false statement, omission or misrepresentation could affect my employment.				
_____		_____		
Signature		Date		

