



# Cypress View Foundation

722 Bassett Crescent NW, Medicine Hat, Alberta, Canada T1A 7W8

Telephone: (403) 527-8755 Fax: (403) 526-6914

www.cypressview.org



## APPLICATION FOR EMPLOYMENT

This personal information is being collected to provide the Foundation with information to determine who is best suited for the position you are applying for. The privacy provisions of the Freedom of Information and Protection of Privacy Act protect it. If you have any questions about the collection contact the Executive Director of the Cypress View Foundation. Please complete all sections thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility.

Date: \_\_\_\_\_

### 1) PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City Province Postal Code

Telephone No: \_\_\_\_\_

Job(s) applied for: \_\_\_\_\_

Are you willing to work varying shifts and any day of the week?  Yes  No

Are you able to report to work on short notice (1 hour)?  Yes  No

Are you willing to do casual work?  Yes  No

If hired, on what date will you be available for work? \_\_\_\_\_

If hired, do you have reliable means of transportation to get to work?  Yes  No

### 2) EDUCATION BACKGROUND

Elementary School Years Successfully Completed: \_\_\_\_\_

High School Years Successfully Completed: \_\_\_\_\_

Post-Secondary Education Successfully Completed: \_\_\_\_\_

Describe any honours you have received: \_\_\_\_\_

### 3) PROTECTION FOR PERSONS IN CARE ACT (PPCA)

Have you ever been investigated under the PPCA?  Yes  No

If yes, explain the outcome of the investigation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**4) PRIOR WORK HISTORY - List in order, last or present employer first**

1. Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Consent to do reference check?  Yes  No

2. Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Consent to do reference check?  Yes  No

3. Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Consent to do reference check?  Yes  No

4. Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Name and Title: \_\_\_\_\_  
Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay: Start \_\_\_\_\_ Finish \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Consent to do reference check?  Yes  No

**5) REFERENCES**

1. Name and Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name and Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name and Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

4. Name and Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Are there any other qualifications or any other information which you would like to let us know about in order to properly assess your application?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Applications are kept on file for six months.*

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

- **This application is not considered valid unless it is signed.**
- I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.
- I understand that by signing this application, I am giving the Cypress View Foundation consent to contact references listed on this application or listed on my resume and from my current and past employers unless otherwise indicated on this application form.

Signature of Applicant: \_\_\_\_\_

**OFFICE USE ONLY**

1. Date and times attempted to contact for an interview:

- I. \_\_\_\_\_
- II. \_\_\_\_\_
- III. \_\_\_\_\_
- IV. \_\_\_\_\_

2. Date and time of interview: \_\_\_\_\_

3. Reference checks (list name and comments):

- I. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- II. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- III. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- IV. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_