

**The Salvation Army
Golden West Centennial Lodge
811 School Rd., Winnipeg, R2Y 0S8**

APPLICATION FOR EMPLOYMENT

Position Applying for: 1.		2.		Today's Date (dd/mm/yyyy):			
Date Available (dd/mm/yyyy):	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Day	<input type="checkbox"/> Evening	<input type="checkbox"/> Night	<input type="checkbox"/> Weekends
Name (Last, First, Middle):							
Mailing Address (Street/Box #):			City, Town, Province:			Postal Code:	
Telephone – Home:				Telephone Cell #:			
Telephone – Work:				Email Address:			
Manitoba Health Registration Number:			CRNM/CLPNM or Other Professional/Technical Registration #:				
Have you ever been employed at GWCL? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes what Department?			Dates (dd/mm/yyyy to dd/mm/yyyy):	
Do you have a current Criminal Record Check? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Issued:				
Seal Number:							

	Name & Location	Major Course	Graduating Year (yyyy)	Certificate, Degree or Diploma Attained
High School				
Trade School /Technical				
Business/Community College				
School of Nursing				
University				
Have you attached a Resume? <input type="checkbox"/> Yes <input type="checkbox"/> No				

<input type="checkbox"/> Microsoft Office	<input type="checkbox"/> Microsoft Outlook/Email	<input type="checkbox"/> MDS Software (Windows Environment)	<input type="checkbox"/> CPR Certificate Expiry Date:
<input type="checkbox"/> Food Handlers (Safety) Certificate Expiry Date:	<input type="checkbox"/> Non Violent Crisis Intervention Certificate Issue Date:	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> WHMIS

Knowledge of Languages							
Language	Speak	Write	Read	Other Languages	Speak	Write	Read
English							
French							
Name & Telephone # of Person/s to Notify in Case of Emergency:							
1.							
2.							
3.							

Prior Work History

1. Employer	Dates (dd/mm/yyyy – dd/mm/yyyy)	Hours Worked per Week
Address (# & Street)	Title or Position	Salary
Supervisor's Name	Supervisor's Department	Supervisor's Phone Number
Reason for Leaving:		
2. Employer	Dates (dd/mm/yyyy – dd/mm/yyyy)	Hours Worked per Week
Address (# & Street)	Title or Position	Salary
Supervisor's Name	Supervisor's Department	Supervisor's Phone Number
Reason for Leaving:		
3. Employer	Dates (dd/mm/yyyy – dd/mm/yyyy)	Hours Worked per Week
Address (# & Street)	Title or Position	Salary
Supervisor's Name	Supervisor's Department	Supervisor's Phone Number
Reason for Leaving:		

Additional References:		
Name:	Telephone Number:	Relationship to applicant:
Name:	Telephone Number:	Relationship to applicant:

Note: Applications are retained on file for three months - must be renewed at that time.

READ CAREFULLY BEFORE SIGNING

I declare the foregoing information to be true and complete to the best of my knowledge and understand that any misrepresentation or omission may result in my dismissal if I am employed.

If employed, I agree to abide by the policies, procedures and working conditions established by the Lodge.

I hereby authorize Golden West Centennial Lodge to conduct a personal investigation in connection with my application for employment.

Signature of Applicant: _____

Date: _____