

102 – 1635 Abbott Street, Kelowna BC VIY 1A9

## **APPLICATION FOR EMPLOYMENT**

Please answer all questions carefully in ink and in your own handwriting.

	DATE O	F APPLICATIO	ON: DayMonth_	Year	
LAST NAME:	FIRST NAME:				
HOME PHONE()BU	USINESS PHONE(	)	ALT.PHONE()_		
ADDRESS:	lpt.	City	Province	Postal Code	
Position you are applying for:					
Hotel Location (please circle)	Kelowna – Vernon –	Salmon Arm - 0	Golden - Smithers		
Radi	um Hot Springs - Cr	anbrook - Nels	on – Rossland - Sooke	,	
Are you legally entitled to work in Car	nada?				
Social Insurance Number:					
Have you applied at this property prev	viously?	_ If yes, when?_		·	
Do you have any outstanding charges	or have you ever bee	en convicted of	a criminal offence for	which you have	
not been pardoned?					
Date Available for Work:		Full-Time or	Part-Time		
Are there any days of the week that you	u cannot work?				
Do you have your own transportation t	to work?				

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EDUCATION			1				
Name of School Ci	ty Pr	rovince					
Secondary School			High	est Grade	Year Com	pleted	
			Con	npleted			
<u>College/University</u>				Attended	Type		Major / Minor
			From (Ye	ear) to (Year)	Diploma/I	Degree	
Graduate or Technical Sch	ools		Dates	Attended	Туре	of	Major / Minor
Graduate or Technical School	<u> </u>			ear) to (Year)	Diploma/I		Widgot / Withor
			170111 (10	, 10 (10)	Dipioma, 1	308100	
Additional training, special	<u>achievem</u>	ents, certifica	ites, honours,	relevant to po	sition applied fo	or:	1
						_	
Special Skills:							
Special Skitts.							
177.11	E 1: 1	7 7	<i>(</i> 1				
Which languages, other tha	n English,	<u>do you speak</u>	fluently?				
E o II-amo							
EMPLOYMENT HISTO							
Please give most recent jo	ob first. In	clude summ	er & part-tin	ne work. Indi	cate if employ	ed under	another name.
1. Employer:							
Address:							
Telephone (w):					Telephone (h	<i>:</i> ):	
Employed from: Day	_Month	Year	to Day	Month	Year		
Position:					Full-Time Part-Time		
Description of duties:							
Name & Title of Supervis	or:						
Reason for leaving?	07.						
reason joi rearing:							
2 Employer							
2. Employer: Address:							
					T-11/1	١.	
Telephone (w):	14 .1	17	. 5	1.6	Telephone (h	<i>):</i>	
Employed from: Day	_Month	Year	to Day	Month	_Year		
Position:					Full-time	Part-tin	ne
Description of duties:							
Name & Title of Supervis	or:						
Reason for leaving?							

3. Employer:						
Address:						
Telephone (w):					Telephone (	h):
Employed from: Day	MonthY	'ear	to Day	Month	Year	
Position:			•		Full-time_	Part-time
Description of duties:						
1						
Name & Title of Superviso	r·					
Reason for leaving?	<u>, ,                                    </u>					
Reason for tearing.						
4. Employer:						
Address:						
Telephone (w):					Telephone (	h):
Employed from: Day1	MonthY	'ear	to Day	Month	Year	
Position:					Full-time	<i>Part-time</i>
Description of duties:						
<b>A V</b>						
Name & Title of Superviso						
Reason for leaving?	<u> </u>					
reason yet tearing.						
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BUSINESS & PERSONA	_			4 1 1		T. 1 . 1
Name	00	ccupation		Addr	ess	Telephone
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PLEASE READ THE FO	LLUWING	AND SIG	N I OUK	NAME DEL	<u> </u>	
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I declare that the informat						
understand that any omissi						
dismissal in accordance with Company policy. I authorize the property, or its agents, to verify the information						
provided and to obtain any						ation may be obtained by
provided and to obtain any telephone or in writing fro	y other infor	mation rele	evant to th	is applicatio	n. This inform	
	y other infor m education	mation rele al institutio	evant to th	is application arrent and fo	n. This inform rmer employei	rs, financial institutions,
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