



POSITION APPLIED FOR		AVAILABLE START DATE	
FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	AVAILABILITY	
TEMPORARY <input type="checkbox"/>	SUMMER ONLY <input type="checkbox"/>	DAY SHIFT <input type="checkbox"/>	NIGHT SHIFT <input type="checkbox"/>
		AFTERNOON SHIFT <input type="checkbox"/>	WEEKEND SHIFT <input type="checkbox"/>

PLEASE READ AND PRINT CLEARLY WHEN COMPLETING ALL SECTIONS.

SURNAME		FIRST		MIDDLE	
ADDRESS	STREET	APT.	CITY	PROV.	POSTAL CODE
PHONE ()		ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTE: PERSONS LEGALLY ENTITLED TO WORK IN CANADA ARE CANADIAN CITIZENS, PERMANENT RESIDENTS OF CANADA OR PERSONS IN POSSESSION OF A VALID WORK PERMIT. EVIDENCE OF ELIGIBILITY IS REQUIRED UPON EMPLOYMENT.					

EDUCATION RECORD

LEVEL	LENGTH OF PROGRAM	MAJOR SUBJECT	DIPLOMA/DEGREE COMPLETED	GRADE
SECONDARY SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			TITLE:	
BUSINESS, TRADE OR TECHNICAL SCHOOL			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			TITLE:	
COMMUNITY COLLEGE			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			TITLE:	
UNIVERSITY			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			TITLE:	
OTHER			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			TITLE:	

ADDITIONAL COURSES, SEMINARS, WORKSHOPS, PROFESSIONAL QUALIFICATIONS SUCH AS LICENSES, TITLES:

DESCRIBE ANY OF YOUR WORK RELATED SKILLS, EXPERIENCE OR TRAINING THAT IS RELATED TO THE POSITION BEING APPLIED FOR:

LIST ANY LANGUAGE ABILITIES YOU HAVE:

LANGUAGE	SPEAK	READ	WRITE

EMPLOYMENT HISTORY (Please list previous work experience with most recent employer first)

Company Name:	Type of business:	Present/Last Job Title:
Address:	Supervisor's Name:	
City/Prov:	Date Employed	Reason for leaving:
Phone:	From:	
May we contact this employer for a reference?	To:	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company Name:	Type of business:	Present/Last Job Title:
Address:	Supervisor's Name:	
City/Prov:	Date Employed	Reason for leaving:
Phone:	From:	
May we contact this employer for a reference?	To:	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMPLOYMENT HISTORY CONTINUED

Company Name:	Type of business:	Present/Last Job Title:
Address:	Supervisor's Name:	
City/Prov:	Date Employed	Reason for leaving:
Phone:	From:	
May we contact this employer for a reference?	To:	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

Company Name:	Type of business:	Present/Last Job Title:
Address:	Supervisor's Name:	
City/Prov:	Date Employed	Reason for leaving:
Phone:	From:	
May we contact this employer for a reference?	To:	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

DO YOU HAVE ANY RELATIVES EMPLOYED BY TAMARACK RIDGE GOLF CLUB? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAVE YOU EVER BEEN CONVICTED OF A FEDERAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF YES, PROVIDE NAME, RELATION AND DEPARTMENT OF WHERE THEY WORK.	ARE YOU AWARE OF ANY CURRENT HEALTH CONDITION OR ALLERGY THAT WOULD PREVENT YOU FROM PERFORMING THE DUTIES OF THE JOB YOU HAVE APPLIED FOR, OR (B) WOULD BE HAZARDOUS TO THE SAFETY OF YOUR CO-WORKERS, OUR CUSTOMERS OR THE PUBLIC? YES <input type="checkbox"/> NO <input type="checkbox"/>
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OUTSIDE HOBBIES AND INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS:
(Do not list Clubs or Organizations of a Religious, Racial, Political or National Character)

REFERENCES

LIST TWO PERSONS WHO HAVE KNOWN YOU FOR SOME TIME AND TO WHOM WE MAY REFER:

(Do not include relatives, Business References Preferred)

NAME	ADDRESS	TELEPHONE
OCCUPATION	# OF YEARS KNOWN BY APPLICANT	
NAME	ADDRESS	TELEPHONE
OCCUPATION	# OF YEARS KNOWN BY APPLICANT	

I HEREBY DECLARE THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO MY KNOWLEDGE.
I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL.
I HEREBY AUTHORIZE THE COMPANY TO VERIFY MY EMPLOYMENT AND CREDIT BACKGROUND.

SIGNATURE: _____

DATE: _____