

# CHANCES KELOWNA



## Application for Employment

<b>APPLICANT INFORMATION</b>			Date: _____
Last Name: _____	First Name: _____	Middle: _____	
Address: _____	City: _____	Prov: _____	PC: _____
Email: _____	Phone #: _____	Cell #: _____	

Position Applied for: \_\_\_\_\_ How many hours per week are you looking for? \_\_\_\_\_

Please state your availability below:

<input type="checkbox"/> <b>Sundays</b>	<input type="checkbox"/> <b>Mondays</b>	<input type="checkbox"/> <b>Tuesdays</b>	<input type="checkbox"/> <b>Wednesdays</b>	<input type="checkbox"/> <b>Thursdays</b>	<input type="checkbox"/> <b>Fridays</b>	<input type="checkbox"/> <b>Saturdays</b>
<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

Are you age 19 or older?       Yes  No

Are you legally eligible for employment in Canada?       Yes  No

Have you ever interviewed with Chances Kelowna?       Yes  No    If yes, when \_\_\_\_\_

Have you ever worked for Chances Kelowna       Yes  No    If yes, when \_\_\_\_\_

Do you have any relatives working for this company?       Yes  No    If Yes, provide their name: \_\_\_\_\_

<b>CERTIFICATIONS &amp; LICENSING</b>			
Please <u>check all valid certifications/licenses</u> you currently hold			
<input type="checkbox"/> Serving It Right	<input type="checkbox"/> Appropriate Response (ART)	<input type="checkbox"/> Gaming Security Training GSO	<input type="checkbox"/> FoodSafe BC
<input type="checkbox"/> First Aid Certification	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	<input type="checkbox"/> Level 3      Expiration Date: _____

<b>EDUCATION</b>	
<u>Level of education:</u>	
<input type="checkbox"/>	Some High School
<input type="checkbox"/>	High School Diploma
<input type="checkbox"/>	Vocation / Trade School
<input type="checkbox"/>	College / University

### EMPLOYMENT HISTORY

Please use an additional sheet, if required

Company Name: _____	Position: _____
Dates of Employment: _____	Reason for Leaving: _____
Supervisor's Name: _____	Phone #: _____
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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### PROFESSIONAL REFERENCES

Please provide employment references only

Full Name:	Position:	Company:
Email:	Phone #:	Relationship:

Full Name:	Position:	Company:
Email:	Phone #:	Relationship:

Full Name:	Position:	Company:
Email:	Phone #:	Relationship:

### DISCLAIMER AND SIGNATURE

I certify that the answers given in this application are true and complete to the best of my knowledge. Any misstatement of facts may disqualify me from employment or, in the event of employment, be deemed just cause for dismissal.

I consent to and authorize Chances Kelowna to collect, use and disclose the personal information contained in this employment application to conduct background checks in connection with my candidacy for employment which may include, but is not limited to, searches for information about my employment history, employment references, education records and professional certifications that may be relevant to my employment with Chances Kelowna. I understand that this application for employment does not constitute an employment offer.

**Applicant Signature:** \_\_\_\_\_

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