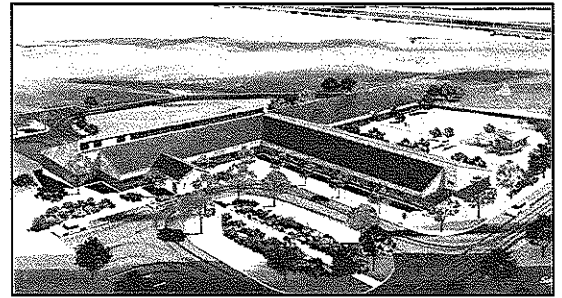




**The Salvation Army**  
**LAKEVIEW MANOR**

50 Suffolk Street  
Riverview, N.B.  
E1B 4K6

Telephone: (506) 387-2012  
Fax: (506) 387-7200



**APPLICATION FOR EMPLOYMENT**

DATE OF APPLICATION \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

POSITION APPLYING FOR \_\_\_\_\_

ARE YOU WILLING TO WORK ALL SHIFTS AND WEEKENDS? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU WANT: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ SUMMER \_\_\_\_\_

WERE YOU PREVIOUSLY EMPLOYED BY US? \_\_\_\_\_ IF YES, WHEN \_\_\_\_\_

<b><u>RECORD OF EDUCATION</u></b>				
SCHOOL	YEAR FINISHED	NAME & LOCATION OF SCHOOL	DEGREES RECEIVED & HIGHEST GRADE PASSED	COURSE OF STUDY INCL. MAJOR SUBJECT
HIGH SCHOOL				
UNIVERSITY				
OTHER (SPECIFY)				

<b><u>EMPLOYMENT RECORD</u></b>			
EMPLOYER'S NAME & ADDRESS	POSITION HELD	DATES EMPLOYED	REASON FOR LEAVING

Please turn over .....

**PERSONAL REFERENCES**

(APPLICANTS ARE ASKED NOT TO LIST RELATIVES OR FORMER EMPLOYERS)

NAME	ADDRESS	OCCUPATION	TELEPHONE NUMBER

DO YOU HAVE ANY CONDITION WHICH MAY LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU ARE APPLYING?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DESCRIBE SUCH DEFECTS AND SPECIFY WORK LIMITATIONS :

\_\_\_\_\_

\_\_\_\_\_

The facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal. Employment is conditional on applicants meeting the pre-employment medical requirements of Lakeview Manor. Consent is given for Lakeview Manor to contact any or all of my previous employers. If not, indicate which one(s) you do not wish us to contact.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED AFTER YOU HAVE BEEN OFFERED EMPLOYMENT**

Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
                    YEAR    MONTH    DAY

NUMBER OF DEPENDENTS \_\_\_\_\_ SOC. INS. NO. \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

I CERTIFY THAT I HAVE BEEN GIVEN A COPY OF LAKEVIEW MANOR PERSONNEL POLICIES, THAT I HAVE READ AND UNDERSTOOD THEM AND AGREE TO ABIDE BY THEM.

EMPLOYEE'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_