

Application for Employment

Happy House Daycare
5104 56th St. Cold Lake, AB T9M 1R2
(780)-594-3933



The Human Rights Code prohibits discrimination in employment because of race, ancestry, place of origin, colour, national or ethnic origin, citizenship, religion, creed, sex and sexual orientation, age, marital or family status, record of offenses (including offense in respect of any provincial statute, handicap or disability and language.

Date of application: _____ Preferred Employment start date: _____

Personal

Full Name: _____
First Middle Initial Last

Current Residential Address:

apt/house #	Street	City/Town	Province/Territory	Postal Code
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Current Mailing Address: (If different from Residential address)

apt/house #	Street	City/Town	Province/Territory	Postal Code
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Telephone number:

Home	Cell	Alternate
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Job/Position Applying for:

Interests of working in the Childcare field?

_____.

Applying for Full Time / Part Time employment: (If part time please specify preferred days and hours)

Have you previously worked at our center: _____ If yes, please state when? _____

Please list any and all qualifications you may hold that exceptionally fit and/or may benefit your career in the childcare field:

Please exclude activities in which would indicate any prohibited grounds of discrimination as listed above.

_____.

If hired do you have a reliable means of transportation to and from the work place? _____

Please provide a resume and continue to the next page.

Educational Background

	High School	Undergraduate College/University	Graduate/ Professional
Years completed			
Certificate/Diploma/Degree			
Description of courses Studied (Do NOT state name of school)			
State/Describe any honour you have received			

Previous Work History (list in order, most recent or present employer first)

Employment Dates		Name and Address of Employer/Company	Rate of Pay		Supervisors Name and Title	Reasons for leaving
From	To		Start	Finish		
Describe in detail your previous job descriptions and/or job duties:						

Do you give us permission to contact the employers above? _____

If not, please indicate below which one(s) you do **not** wish up to contact:

Personal References: Give the names of at least 3 persons who can supply information pertaining to your job performance.

(Excluding former employers and relatives)

Name	Occupation	Address	Phone Number

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize their complete background. To assist us in finding the proper position suited for you in our center, please use the space provided below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in employment with our center. We would like to assure you that your opportunity for employment with this center will be based only on your merit and on no other considerations.

PLEASE READ CAREFULLY APPLICANT’S CERTIFICATION AND AGREEMENT

I, _____ hereby certify that the facts set forth in the above employment application are true and completed to the best of my knowledge. I understand that if employed, falsified statement on this application shall be considered sufficient cause for immediate dismissal.

Signature of Applicant: _____ Date: _____

Applicant

(Please complete this section ONLY after you are hired)

Do not answer any questions below the double line unless the employer has checked next to the individual question.

A check indicates that the information requested is needed for one or more of the following reasons:

- 1. **Benefit Programs**
- 2. **Is in compliance with national security laws**
- 3. **Other legally permissible reasons** (income tax deductions, pay roll, etc.)



Full Name: _____
First Middle Initial Last

Date of Birth: _____

Marital Status:

- Single
- Common Law
- Married
- Separated
- Divorced

Number of dependants (including yourself): _____

Childcare Staff Qualification Certificate number: _____

Social Insurance Number: _____

Valid driver's license number: _____

Valid First Aid number: _____

Valid Security Clearance Form date: _____

Valid Intervention Check date: _____

Interview date: _____

Orientation date: _____

Start Date: _____

Probation end date: _____

Emergency Contact

Name: _____ Relation: _____

Phone Number: _____ Allergies/Special concerns: _____

Please check the following (that apply) once completed:

- | | | |
|---|--|---|
| <input type="checkbox"/> Read Staff Hand Book | <input type="checkbox"/> Personal Tax Credit Returns | <input type="checkbox"/> Supplementary Form C |
| <input type="checkbox"/> Read Parent Hand Book | <input type="checkbox"/> Top up Wage \$ _____ | <input type="checkbox"/> Direct Deposit Slip |
| <input type="checkbox"/> Read Daycare Policies and Procedures | <input type="checkbox"/> Hourly Wage _____ | <input type="checkbox"/> Agree to the programs Confidentiality Policy |
| <input type="checkbox"/> Completed orientation | <input type="checkbox"/> Level _____ | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> Supplementary Form A | |