



6. WORK HISTORY: (begin with most recent)

NAME OF EMPLOYER	TELEPHONE NUMBER (WITH AREA CODE)	JOB TITLE	PERIOD OF EMPLOYMENT	CONTACT PERSON

7. ADDITIONAL COMMENTS:

PLEASE READ CAREFULLY

UPON ACCEPTANCE OF EMPLOYMENT, THE FOLLOWING WILL BE REQUIRED:

1. Criminal Records Check with Vulnerable Sector
2. Emergency First Aid + CPR
3. A Medical examination may be required.

I certify that the statements made by me in this application are true and complete. Should I be employed, I agree to abide by the policies, rules and regulations of the Mountain View Seniors' Housing. I hereby agree to allow MVSH to check my references.

SIGNATURE OF APPLICANT

Application must be completed and signed to be valid.

DATE

8. MVSH USE ONLY:

Mountain View Seniors' Housing

Human Resources
 #301, 6501 - 51st Street
 Olds, Alberta T4H 1Y6
 Phone: 403-556-2957
 Fax: 587-796-0776
 Email: hr@mvsh.ca

