GVL OFFICE
Date Received: _____

GLACIER VIEW LODGE
APPLICATION FOR EMPLOYMENT

FULL LEGAL NAME:	PREFERRED PRONOUNS:
FULL MAILING ADDRESS:	
HOME PHONE:	CELL PHONE:
SOCIAL INSURANCE NUMBER:	DATE OF BIRTH:
POSITION APPLIED FOR:	AVAILABILITY: ☐ Full Time ☐ Part Time ☐ Casual
Have you been previously employed by us? If yes, provide date:	
Do you have friends or relatives who work at glacier view lodge? If yes please list below:	
NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:

EMERGENCY CONTACT INFORMATION

NAME:	RELATIONSHIP:	
HOME #:	WORK #:	CELL #:

REFERENCES

Include at least two employers' references if possible, and two personal references.

NAME:	PHONE NUMBER:
OCCUPATION:	EMAIL:
NAME:	PHONE NUMBER:
OCCUPATION:	EMAIL:
NAME:	PHONE NUMBER:
OCCUPATION:	EMAIL:
NAME:	PHONE NUMBER:
OCCUPATION:	EMAIL:
NAME:	PHONE NUMBER:
OCCUPATION:	EMAIL:

PLEASE ATTACH RESUME

*If you do not have a resume available, please complete the **Education** and **Employment** sections:*

EDUCATION

	COURSE OF STUDY	YEARS ATTENDED	YEAR GRADUATED	DIPLOMA OR DEGREE
HIGH SCHOOL:				
UNIVERSITY:				
OTHER (SPECIFY):				

EMPLOYMENT

List all present and past employment starting with your most recent.

EMPLOYER & ADDRESS:	EMPLOYED FROM – TO	DETAILED DESCRIPTION OF WORK:	NAME OF SUPERVISOR	REASON FOR LEAVING

- I have completed this application in my own handwriting and understand that any misrepresentation made by me in connection with this application will be just and sufficient cause for rejection of this application or for dismissal from Glacier View Lodge.
- I agree to complete a pre-employment health screening (including TB skin test and/or chest x-ray) to document that I meet an acceptable standard of health, which is a condition of employment.
- I understand that if hired, I will be required to serve the probationary period.
- If employed, I agree to abide by all the policies of Glacier View Lodge and that any breach of said policies may result in dismissal.
- In addition, if I am offered employment, I agree to sign a confidentiality acknowledgement as a condition of my employment.
- I understand that any job offer will be conditional upon the consent to and the result of a criminal record check where applicable.

I hereby consent and authorize Glacier View Lodge to obtain reference information from my present and/or previous employer(s) and/or education facilities and that no act of libel or damages shall be instigated by me against same by the release of such information.

Signature of Applicant: _____ **Date**: _____