

Let's Play!

Calgary's Greatest Indoor Playground

Position applied for: _____ Date available to begin work: _____

What type of position are you seeking? full time part time

Our hours of business are Monday – Saturday from 9:00 a.m. – 9:00 p.m. and Sundays from 11:00 a.m. – 6:00 p.m.
Indicate the days and times you are available to work on a regular basis:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

Personal Data

Last Name	Given Name (s)	Middle Initial
_____	_____	_____

Address	Home Telephone No.
_____	_____

City	Province	Postal Code	Business / Cell No.
_____	_____	_____	_____

Are you eligible to work in Canada? yes no

Do you have a valid First Aid Certificate? yes no

Do you have a physical or medical condition which would prevent you from standing for long periods of time?
yes no

Have you been convicted of a criminal offence? yes no

Do you know anyone employed at Let's Play? yes no If yes, who? _____

Education and Employment History

Secondary School:	Highest Grade Completed:
_____	_____

Post-Secondary Institution:	Name of Program:
_____	_____

Type of Certificate or Diploma Received:	Length of Program:
_____	_____

Post-Secondary Institution:	Name of Program:
_____	_____

Type of Certificate or Diploma Received:	Length of Program:
_____	_____

Other courses, workshops, seminars:

Other licenses, certificates, degrees or other academic achievements:

Name and address of present / last employer: _____ _____	Job Title: _____ Employed from _____ to _____ Name of Supervisor: _____ Telephone No.: _____
Type of business: _____	Reason for leaving: _____
Duties / responsibilities (be specific): _____	

Name and address of next most recent employer: _____ _____	Job Title: _____ Employed from _____ to _____ Name of Supervisor: _____ Telephone No.: _____
Type of business: _____	Reason for leaving: _____
Duties / responsibilities (be specific): _____	

Name and address of next most recent employer: _____ _____	Job Title: _____ Employed from _____ to _____ Name of Supervisor: _____ Telephone No.: _____
Type of business: _____	Reason for leaving: _____
Duties / responsibilities (be specific): _____	

Do you permit us to communicate with your present and previous employers? ڻا ڻا ڻا

Application for Employment and Consent

I certify that all information provided by me on this form is true and complete to the best of my knowledge. I understand that any intentional omission, misrepresentation, or provision of false information by me on this form will be sufficient justification for rejection of my application or dismissal from the company should I be employed. I agree to allow the company to investigate my suitability for employment and I hereby release any claims that I may have against anyone giving information for this purpose. I understand that the company could request additional information from a reporting agency.

I declare that I have read and understood and hereby consent to the above.

Signature: _____ Date: _____

Office Use Only	
Date of Hire: _____	Date of Birth: _____
Social Insurance No.: _____	
Emergency Contact Person: _____	Relationship: _____
Home Telephone No.: _____	Work Telephone No.: _____