



Employment Application

When completed drop off, mail or email to:

Calabogie Highlands Golf Resort

981 Barryvale Road, Calabogie ON K0J 1H0

E: info@calabogiehighlandsgolfresort.com

Position being applied for _____

Date available to begin work _____

PERSONAL DATA

Last name _____

Given name(s) _____

Address _____ Street _____ Apt. No. _____

Home Telephone Number _____

City _____ Province _____ Postal Code _____

Business Telephone Number _____

Are you legally eligible to work in Canada? Yes No

Are you 18 years or more? Yes No

Are you willing to relocate in Ontario? Yes No

To determine your qualification for employment, please provide below and on the reverse, information about your academic and other achievements including volunteer work, as well as employment history. Attach any additional information on a separate sheet.

EDUCATION

- SECONDARY SCHOOL
- BUSINESS OR TRADE SCHOOL

Highest grade or level completed _____

Name of program _____
Length of program _____

Smart Serve Licence, Other Licence, Certificate or Diploma Awarded? Yes No
Type: _____

COMMUNITY COLLEGE **UNIVERSITY**

Name of Program _____ Length of Program _____
Diploma/Degree Awarded Yes No Honours
Major Subject: _____

Other courses, Workshops,
Seminars: _____
Licenses, Certificates,
Degrees: _____

WORK-RELATED SKILLS

Describe any of your work-related skills, experience or training that relates to the position being applied for.

EMPLOYMENT

Name of present/last employer _____

Job title _____

Period of employment (includes time spent away from work due to disability or maternity/parental leave but it is not necessary to refer to this)

From _____ To _____

Type of
Business _____

Reason for leaving (do not refer to issues related to maternity/parental leave, Workers' Compensation claims, handicap/disability, or human rights complaints)

Functions/Responsibilities _____

Name of previous employer _____

Job title _____
Period of employment (includes time spent away from work due to disability or
maternity/parental leave but it is not necessary to refer to this)
From _____ To _____

Type of
Business _____
Reason for leaving (do not refer to issues related to maternity/parental leave, Workers'
Compensation claims, handicap/disability, or human rights complaints)

Functions/Responsibilities _____

Name of previous employer _____

Job title _____
Period of employment (includes time spent away from work due to disability or
maternity/parental leave but it is not necessary to refer to this)
From _____ To _____

Type of
Business _____
Reason for leaving (do not refer to issues related to maternity/parental leave, Workers'
Compensation claims, handicap/disability, or human rights complaints)

Functions/Responsibilities _____

For employment references, we may approach:

Your present/last employer? Yes No

Your former employer(s)? Yes No

List references if different than above on a separate sheet.

PERSONAL INTERESTS AND ACTIVITIES (civic, athletic etc.)

I certify that all the information above is correct and understand that falsification is grounds for termination with cause. I authorize the references, supervisors, and education institution listed above to give the Highlands information concerning my prior employment or education. I understand and agree that the Highlands employment policies, manuals, and handbooks re not expressed or implied contracts and that these documents and the wages, benefits and other terms and conditions of employment may be changed from time to time according to provincial statue. I understand and agree that the Highlands can terminate my employment by providing me with notice of termination, pay in lieu of notice or severance pay according to the applicable Employment Standards Act. I further understand and agree that, except for this application, there are not now and will not in future be expressed or implied contracts. I agree and authorize the Highlands to withhold / deduct from any wage owing to my any amounts owing from overpayment of wages or benefits.

Have you attached an additional sheet? Yes No

Signature _____

Date _____