



EMPLOYMENT APPLICATION

Send To:
Human Resources Department
1900 Heritage Drive S.W.
Calgary, AB T2V 2X3
Fax: 403.268.8554
E-mail: hr@heritagepark.ca
Website: www.heritagepark.ca

Name _____
Legal Surname Legal First Name Preferred First Name

Address _____ Postal Code _____

Telephone _____ E-mail address* _____
(*mandatory)

Driver's Licence: Yes, Class _____ No

AVAILABILITY FOR EMPLOYMENT

Year-Round Full Time Part-time (____ days/week)
Summer Operating Season (May to Thanksgiving) Full-Time Part-time (____ days/week)
Winter Operating Season (Oct – April) Full Time Part-time (____ days/week)

Available evenings? Yes No Some Available weekends? Yes No Some

If hired, when would you be available to start work? _____

AREAS OF INTEREST

Please indicate 1st, 2nd and 3rd choices:

- | | | |
|---|--|--|
| <input type="checkbox"/> Agriculture/Teamsters | <input type="checkbox"/> Gate Host | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Banquets (18+ yrs) | <input type="checkbox"/> Grounds Maintenance | <input type="checkbox"/> Security (licensed) |
| <input type="checkbox"/> Cashier/Treasury | <input type="checkbox"/> Housekeeping/Porters | <input type="checkbox"/> Streetcar or Bus |
| <input type="checkbox"/> Children's Camps | <input type="checkbox"/> Interpreter - Character | <input type="checkbox"/> Sternwheeler |
| <input type="checkbox"/> Concessions/Cafés/Bakery | <input type="checkbox"/> Interpreter - Historical | <input type="checkbox"/> Tour Guides |
| <input type="checkbox"/> Dining Room/Restaurant | <input type="checkbox"/> Kitchens (Cook/Dishwasher) | <input type="checkbox"/> Trains |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Midway Rides Operators (18+yrs) | <input type="checkbox"/> Warehouse |

* Minimum age of employment is 15 years old. Some positions require that you be at least 18 years old.

What special/unique qualities or skills could you contribute to Heritage Park? _____

Have you previously worked at Heritage Park? Yes No

If yes, please specify year _____ and Job Title _____

EDUCATION

	Name	Area of Study	Grade/Year Completed
High School	_____	_____	_____
College/University	_____	_____	_____
Diploma/Certificate	_____	_____	_____

EMPLOYMENT HISTORY

A. Employer Name _____ Phone _____

Dates: _____ to _____ Job Title & Duties _____

Pay Rate _____ Reason for Leaving _____

B. Employer Name _____ Phone _____

Dates: _____ to _____ Job Title & Duties _____

Pay Rate _____ Reason for Leaving _____

AGREEMENT

I hereby agree to provide this information for the purposes of assigning duties, record keeping and correspondence relative to Heritage Park. I understand that personal information will not be used or disclosed for purposes other than those for which it is collected or as required by law. I also understand that if I am employed by Heritage Park, my image may be reproduced, edited and used in whole or in part for any and all media including, without limitation, print, audio-visual, multi-media, and/or exhibition purposes, in any manner, in perpetuity and throughout the world. I understand and agree that I have no rights to any benefits derived from any such image.

I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED FOR THE PURPOSE OF THIS APPLICATION IS TRUE AND THAT MY EMPLOYMENT REFERENCES MAY BE CHECKED.

Applicant's Signature_____
Date (MM/DD/YY)**FOR OFFICE USE ONLY**

EMPLOYEE NAME: _____ INTERVIEW DATE: _____

DEPARTMENT: _____ TITLE: _____

RESULT: Hired Declined**UPON HIRE - OBTAIN BIRTH DATE, S.I.N. & EMERGENCY CONTACT INFORMATION**

BIRTH DATE (MM/DD/YY) _____ SOCIAL INSURANCE # _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name _____ Home Number _____

Relationship _____ Work/Cell Number _____

LICENCE INFORMATION: (if required) ProServe Alberta Security Licence

Expiration Date _____ Licence Number _____

START DATE: _____ CLASS CODE: _____ STEP: _____ HOURLY RATE: _____

SECONDARY POSITION (if applicable): CLASS CODE: _____ STEP: _____ HOURLY RATE: _____

EMPLOYEE TYPE: Seasonal On-Call Permanent Part-time Temporary

COMMENTS: _____

SUPERVISOR SIGNATURE: _____

EMPLOYEE NUMBER: _____