

The Olde Forge Community Resource Centre

PAID WORKER APPLICATION FORM

Please ensure that all the questions on both pages of the form are completed fully:

First Name: _____ Last Name: _____ Date: _____

Address: _____ Telephone (Home) _____

City: _____ Postal Code: _____ (Business) _____

Main intersection to your Street: _____

Languages Spoken: English: _____ French: _____ Other: _____

Are you legally entitled to work in Canada? Yes: _____ No: _____

Do you have a valid driver's license? Yes: _____ No: _____

Do you have the use of a car? Yes: _____ No: _____

Emergency Contact: _____

Present status: Student: _____ Employed: _____ Unemployed: _____ Semi-Retired: _____

PAID WORK OR VOLUNTEER EXPERIENCE

COMPANY NAME & ADDRESS	FROM / TO	JOB DESCRIPTION
1. _____ _____	__ __ to __ __ Phone Number: _____	_____
2. _____ _____	__ __ to __ __ Phone Number: _____	_____
3. _____ _____	__ __ to __ __ Phone Number: _____	_____

Put a check mark beside the jobs you are willing to do:

Meal Preparation	_____	Ironing	_____	General Housecleaning	_____
Floors (scrubbing)	_____	Floors (mopping)	_____	Wall & Window Washing	_____
Grass Cutting	_____	Odd Jobs	_____	Cleaning Storms/Screens	_____
Raking Leaves	_____	Snow Shovelling	_____	General Yard Cleanup	_____
Light Carpentry	_____	Minor Plumbing	_____	Light Electrical Work	_____
Gardening	_____	Painting	_____		

Please indicate any tools that you have (lawn mower, snow blower, hedge trimmer, ladder, etc.)

Please list your hobbies, skills or activities:

Please indicate times and days you are **NOT** able to work: _____

Are you able to work weekends and evenings if necessary? Yes: _____ No: _____

REFERENCES - NO FAMILY OR CLOSE FRIENDS PLEASE

Please note: References must have known you at least one year. Three references (work-related or character) are needed.
Daytime telephone number is required. Local (not long distance) telephone numbers please.

	JOB TITLE	RELATIONSHIP TO YOU
Name: _____	_____	_____
Address: _____	_____	_____
Phone No. _____	_____	_____
Name: _____	_____	_____
Address: _____	_____	_____
Phone No. _____	_____	_____
Name: _____	_____	_____
Address: _____	_____	_____
Phone No. _____	_____	_____

Why do you want to work with senior citizens? _____

How did you hear about the Olde Forge paid worker program? _____

PLEASE NOTE: We thank you for your interest, but only those applicants considered for an interview will be contacted.

IN ACCORDANCE WITH OUR FUNDERS' REQUIREMENTS, POLICE CHECKS WILL NEED TO BE COMPLETED FOR ALL SUCCESSFUL APPLICANTS.

FOR OFFICE USE ONLY
Interviewer's Comments:

Date of Interview: _____ Start Date: _____ End Date: _____