

# PAID WORKER APPLICATION FORM



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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (Home) \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ (Business) \_\_\_\_\_

Email: \_\_\_\_\_

Main intersection to your Street: \_\_\_\_\_

Language 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: \_\_\_\_\_ Phone: \_\_\_\_\_

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:** Please note references must have known you at least one year. Three references (work-related or character) are needed. NO FAMILY OR CLOSE FRIENDS, PLEASE.

Daytime telephone number is required. Local (not long distance) telephone numbers please.

Name: \_\_\_\_\_ Job Title \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (daytime) \_\_\_\_\_

Name: \_\_\_\_\_ Job Title \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (daytime) \_\_\_\_\_

Name: \_\_\_\_\_ Job Title \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (daytime) \_\_\_\_\_

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 be NEED TO BE completed for all successful applicants.*

FOR OFFICE USE ONLY  
Interviewer's Comments:

Date of Interview: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_