APPLICATION FOR STUDENT EMPLOYMENT
CALGARY CHRISTIAN SCHOOL

Name: _____

Address: _____

Postal Code: _____   Email: _____

Home #: _____   Cell #: _____

Date of Birth (DD/MM/YYYY): _____   Age: _____

Emergency Contact: _____

Emergency Contact Ph#: _____

Have you been a resident of Alberta for the past 6 months?   Yes: _____   No: _____

Experience:

_____

_____

_____

_____

Reason for Applying:

_____

_____

_____

_____

Signature: _____   Date: _____

TO BE PROVIDED UPON HIRE

SIN: _____

Direct Deposit Form from your Bank (must be provided prior to first day of work)

FOR OFFICE USE ONLY:

Start Date: _____   Rate of Pay: _____

Supervisor Signature: _____   Date: _____