

CLUB DE GOLF ELM RIDGE INC. ELM RIDGE COUNTRY CLUB INC.

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EMPLOYMENT APPLICATION	EMPLOYEE#
NAME:	(BLOCK LETTERS)
ADDRESS:	APT
TOWN/CITY:	
PROVINCE:	POSTAL CODE:
EMAIL ADDRESS :	
PHONE NO.:	
SOCIAL INSURANCE NO.:	DATE OF BIRTH:
POSITION - WORK APPLYING FOR:	
ALTERNATE CHOICE:	
PUT AN END TO MY EMPLOYMENT AT ANY TIME HAVE ANSWERED THIS FORM TO THE BEST OF MERCULT IN A TERMINATION OF MY EMPLOYMENTHE CURRENT SEASON ONLY AND NOT RENEW	T TO A 90 DAY PROBATION PERIOD DURING WHICH ELM RIDGE CAN THE FOR ANY REASON THAT ELM RIDGE RECOGNIZES TO BE VALID. BY KNOWLEDGE AND I AM AWARE THAT FAILURE TO DO SO WOULD T WITH ELM RIDGE. I UNDERSTAND THAT THE EMPLOYMENT IS FOI VABLE NEXT YEAR. IF HIRED, I HEREBY AUTHORIZE THE CLUB TO Y AND I UNDERSTAND THAT MY TERMINATION/VACATION PAY WIL
I UNDERSTAND: DATE:	