

**LAMONT HEALTH CARE CENTRE  
INTERNAL APPLICATION FORM  
(For use by current employees of Lamont Health Care Centre)**

**I WISH TO APPLY FOR THE FOLLOWING POSITION:**

POSITION TITLE:	COMPETITION NUMBER
STATUS FTE	CLOSING DATE
SITE	DATE OF AVAILABILITY

**PERSONAL DATA**

LAST NAME	FIRST	MIDDLE
ADDRESS	CITY	PROVINCE
	HOME TELEPHONE	WORK TELEPHONE
		E-MAIL ADDRESS

**CURRENT POSITION(S) WITH LAMONT HEALTH CARE CENTRE**

POSITION TITLE	SITE	STATUS	FTE	START DATE

**What are the specific aspects of this posting that appeal to you?**


**If you are the successful candidate for this position, how will this impact your current position(s)?**

*(i.e will you resign a current position?)*


DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**LAMONT HEALTH CARE CENTRE**  
**5216-53 Street**  
**Lamont, Alberta T0B 2R0**  
**Telephone (780) 895-2211 Fax (780) 895-7305**