



# Richmond Maple College of Vancouver

1022-6081 No. 3 Road, Richmond, BC, V6Y 2B2 Canada

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## APPLICATION FORM

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ Citizenship \_\_\_\_\_

Date of Birth (D/M/Y) \_\_\_\_\_ Place of Birth \_\_\_\_\_

Home address: \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Social Insurance No: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Occupation \_\_\_\_\_ Work address \_\_\_\_\_

Name of Employer \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_

Education: Please state in detail (name, location, length of stay).

Senior High School \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

College \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

University \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Other \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Employment/Related Experience: (name, location, position)

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Other Experience \_\_\_\_\_

\_\_\_\_\_

Interests and activities \_\_\_\_\_