



Richmond Maple College of Vancouver

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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 _____