

PLEASE PRINT:

## PERSONAL DATA

Name, including Initial(s) \_\_\_\_\_

Current Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

## EMPLOYMENT DATA

Position applied for \_\_\_\_\_ Department \_\_\_\_\_

Would you work full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal/Student \_\_\_\_\_

Specify days and hours if part-time \_\_\_\_\_

Date available for employment \_\_\_\_\_

Have you ever been employed by the city of North Battleford? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, When \_\_\_\_\_

Do you have any relatives working for the City of North Battleford? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give name and department. \_\_\_\_\_

Are you legally entitled to work in Canada? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid drivers licence? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state class and endorsements \_\_\_\_\_  
(If hired, the city will require a photocopy of your licence.)

## EDUCATION

Grade 12 Yes \_\_\_ No \_\_\_ If not, include highest level completed \_\_\_\_\_

Post secondary (university, college, technical and Trade)

Institution	Program	Degree/Diploma/ Certificate	Successful completion
			Yes No
			Yes No

## ***AQUIRED SKILLS***

Competencies/skills: List skills or training that you have acquired that relate directly to the position sought:

EQUIPMENT OPERATED	LENGTH OF EXPERIENCE
COMPUTER SOFTWARE PROGRAMS	
OTHER (First Aid, CPR, WHMIS, etc)	

### **ADDITIONAL INFORMATION**

(Please provide additional information that you would like to bring to our attention; do not provide information which may indicate race, religion, ethnic background, religious beliefs)

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## ***HEALTH***

Have you any physical limitations that might interfere with or limit your performance in the job(s) you are applying for? YES \_\_\_\_ NO \_\_\_\_

What functions can you not perform and what accommodations could be made which would allow you to do the job adequately?

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## ***EMPLOYMENT HISTORY***

List all positions you have held, beginning with the most recent position. Should you require more space, please attach a separate sheet to this application. Resumes are also welcome.

Employer:	Position:
Date of Employment: From: _____ To: _____	
Reason for Leaving:	
Name of Supervisor:	
Responsibilities:	

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