

CITY OF TERRACE

3215 EBY STREET, TERRACE, B.C.

CANADA V8G 2X8

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APPLICATION FOR EMPLOYMENT

(MUST BE COMPLETED IN FULL)

NAME IN FULL: (PLEASE PRINT)

First Name

Middle Name

Last Name

ADDRESS: _____

POSTAL CODE: _____

TELEPHONE NUMBER

-

HOME

-

BUSINESS

ARE YOU 18 YEARS OF AGE OR OLDER?

YES

NO

ARE YOU LEGALLY ENTITLED TO WORK IN CANADA?

YES

NO

POSITION APPLIED FOR: _____

FULL TIME

PART TIME

SEASONAL

TEMPORARY

SPECIFY DAYS AND HOURS IF PART TIME WORK IS PREFERRED

SECONDARY EDUCATION:

NAME AND LOCATION OF HIGH SCHOOL	ATTENDANCE		GRADE COMPLETED	REASON FOR LEAVING
	FROM MONTH/YR.	TO MONTH/YR.		

POST SECONDARY EDUCATION:

NAME OF UNIVERSITY, COLLEGE, VOCATIONAL SCHOOL OR OTHER INSTITUTION	ATTENDANCE		DEGREE OR DIPLOMA	FIELD OF SPECIALIZATION
	FROM MONTH/YR.	TO MONTH/YR.		

CURRENT CERTIFIED TRADE SKILLS AND QUALIFICATIONS:

CERTIFIED AS:	CERTIFICATE OR LICENCE NO.	DATE OF ISSUE

CURRENT OFFICE SKILLS AND QUALIFICATIONS:

TYPING SPEED: _____ W.P.M. SHORTHAND SPEED: _____ W.P.M.

LIST ANY BUSINESS MACHINES THAT YOU CAN OPERATE:

OTHER CURRENT SKILLS AND QUALIFICATIONS:

DRIVER'S LICENCE:

LICENCE NUMBER RESTRICTIONS (including air ticket) _____

PROVINCE OF ISSUE _____ CLASS _____ EXPIRY DATE _____

For positions involving operation of City vehicles or equipment, a current driver's abstract is required.

PREVIOUS EMPLOYMENT:

	EMPLOYER/ADDRESS	SUPERVISOR'S NAME	POSITION HELD	FROM-TO	REASON FOR LEAVING
1					
		Tel. No.			
	Describe in detail the work you did.				
2					
		Tel. No.			
	Describe in detail the work you did.				
3					
		Tel. No.			
	Describe in detail the work you did.				
4					
		Tel. No.			
	Describe in detail the work you did.				
5					
		Tel. No.			
	Describe in detail the work you did.				
6					
		Tel. No.			
	Describe in detail the work you did.				

PERSONAL REFERENCES:

Give the names of at least 3 persons who can supply information pertinent to your job performance (excluding former employers and relatives).

	NAME	ADDRESS	TELEPHONE NO.	YEARS KNOWN
1				
2				
3				
4				

RELATIVES PRESENTLY EMPLOYED BY THE CITY OF TERRACE:

NAME	POSITION	RELATIONSHIP

ADDITIONAL INFORMATION:

SUPPLY EXTRA INFORMATION YOU THINK RELEVANT (e.g. special skills, equipment operated, etc.)

MAY WE CONTACT YOUR CURRENT AND/OR PREVIOUS EMPLOYERS?

YES

NO

WHICH ONES MAY WE NOT CONTACT?

PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT

I CERTIFY THAT THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND COMPLETE AND I UNDERSTAND THAT IF ANY OF THESE STATEMENTS ARE FOUND TO BE UNTRUE, ANY OFFER OF EMPLOYMENT MAY BE WITHDRAWN OR MY EMPLOYMENT TERMINATED IMMEDIATELY WITHOUT ANY OBLIGATION OR LIABILITY TO ME OTHER THAN FOR PAYMENT OF SERVICES ACTUALLY RENDERED.

DATE

SIGNATURE

FOR OFFICE USE ONLY:

Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used only for the purpose for which it was collected. If you have any questions about the collection and use of this information, contact the City's Freedom of Information Officer at (250) 638-4722.