



Application for Employment

202 Burrows Avenue West
P. O. Box 2230
Melfort, SK S0E 1A0
Phone: (306)752-5911
Fax: (306)752-5556
E-mail: city@cityofmelfort.ca
Web: www.cityofmelfort.ca

Date: _____

Position Applied For: _____

Department: _____

PERSONAL INFORMATION *Please Print*

Name: _____
(last name) (first name) (middle/initial)

Address: _____
(mailing address – box number or street address)

_____ (city) (province) (postal code)

Home Phone #: _____ **Alternate Phone #:** _____

E-mail Address: _____

1. Are you legally entitled to work in Canada? Yes No
2. Have you ever been employed by the City of Melfort? Yes No
If so, when? _____
3. Are you bondable? Yes No Have you ever been bonded? Yes No
4. Do you have any relatives employed by the City? Yes No
If yes, state name & relationship: _____
5. Do you hold a valid Driver's license? Yes No
If yes, indicate: Class _____ Validation Date: _____ License #: _____
6. Do you have any physical disability or ailment that would affect your performance of duties in the position for which you are applying?
Yes No If so, please specify: _____
7. If required, are you willing to work?
Shiftwork _____ Night Shift _____ Weekends _____ Holidays _____ Overtime _____

EDUCATION

Grade 12 Diploma

GED OR Highest Grade Completed: _____

Degree/Diploma Certificate/License	Institution/Location	Specialization	Years Attended		Diploma/Degree Received?
			From	To	

Describe any other courses, training, apprenticeships or education programs that you have taken?

OTHER EXPERIENCE/SKILLS

List any other skills, qualifications or volunteer experience that you have that may be relevant to your application for employment? For example: typing speed, computer experience, equipment operation, etc.

EMPLOYMENT HISTORY

List your work experience. Please start with your current or most recent position:

Dates		Name of Employer/Address	Job Title	Reason for Leaving
From	To			

Describe the duties and responsibilities of the above position:

Dates		Name of Employer/Address	Job Title	Reason for Leaving
From	To			

Describe the duties and responsibilities of the above position:

Dates		Name of Employer/Address	Job Title	Reason for Leaving
From	To			

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Dates		Name of Employer/Address	Job Title	Reason for Leaving
From	To			

Describe the duties and responsibilities of the above position:

Additional Employment Information:

Have you ever been discharged from any position? Yes No

If yes, explain: _____

May we contact your present employer? Yes No

REFERENCES

List 3 references, who are not personal friends or relatives, who can supply information on your job performance and your work ability:

Name	Work Relationship	Address	Phone Number(s)
1.			
2.			
3.			

May we contact your references? Yes No

CERTIFICATION

I declare that all statements made in this application are true and complete. I understand that false information or misrepresentation may be cause for rejection of this application or for termination of employment.

Signature

Date