



APPLICATION FOR EMPLOYMENT

Date: _____

PLEASE PRINT LEGIBLY AND GIVE COMPLETE INFORMATION

PERSONAL INFORMATION:

LAST NAME	FIRST NAME	MIDDLE NAME
HOME ADDRESS		
TELEPHONE NUMBER - HOME		TELEPHONE NUMBER - WORK

ARE YOU ELIGIBLE TO WORK IN CANADA?

DO YOU HAVE A VALID MANITOBA DRIVER'S LICENCE?

HAVE YOU BEEN EMPLOYED BY THE CITY PREVIOUSLY?

Supervisor: _____ Department: _____

Occupation: _____ Date Employed: _____
From/To

Reason For Leaving: _____

POSITION APPLIED FOR:			
Circle one:	Full-time	Part-time	Salary Expectations:
Date available for Employment:		How much notice is required by present employer:	

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EDUCATION AND TRAINING:

TYPE	PRIMARY COURSES	GRADE COMPLETED
Elementary		
High School		
Business, Tech or Trade		
University		

TRADE CERTIFICATE (where applicable):			
Type and Number:	Province:	Class:	Date issued/Expires:
HEAVY EQUIPMENT OPERATED:			
CLERICAL and/or STENOGRAPHIC SKILLS (where applicable):			
Keyboarding:			wpm
WORKING KNOWLEDGE OF COMPUTER APPLICATIONS AND PROGRAMS:			

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EMPLOYMENT HISTORY:

Indicate your employment history for at least 10 years. Start with the most recent employment and work back. Please note you must complete the application form in its entirety, even if attaching a resume.

NAME AND ADDRESS OF COMPANY:		
Dated employed:	From:	To:
Nature of work:		
Salary at termination:		
Reason for leaving:		
Supervisor:		

NAME AND ADDRESS OF COMPANY:		
Dated employed:	From:	To:
Nature of work:		
Salary at termination:		
Reason for leaving:		
Supervisor:		

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NAME AND ADDRESS OF COMPANY:		
Dated employed:	From:	To:
Nature of work:		
Salary at termination:		
Reason for leaving:		
Supervisor:		

NAME AND ADDRESS OF COMPANY:		
Dated employed:	From:	To:
Nature of work:		
Salary at termination:		
Reason for leaving:		
Supervisor:		

NAME AND ADDRESS OF COMPANY:		
Dated employed:	From:	To:
Nature of work:		
Salary at termination:		
Reason for leaving:		
Supervisor:		

DECLARATION AND CONSENT TO PERSONAL INVESTIGATION AND COLLECTION OF PERSONAL INFORMATION

1. I hereby certify that I have completed this application for employment with the City of Thompson and that all statements and information contained herein are true and complete to the best of my knowledge.

2. For the purpose of considering my application for employment, I hereby authorize the City of Thompson to conduct a background check and to make investigations and inquiries relating to my personal, educational, financial and employment history and relating to all statements and information contained in my application for employment, including any resume or other information or documentation provided by me, and to contact any person or persons, unless otherwise indicated in this application, to obtain information relating to my suitability for employment. The consent to the personal investigation and collection of personal information described in this paragraph 2 is effective on the date indicated by me below and continues until the City of Thompson has completed its consideration of my application.

3. I hereby release the City of Thompson and all persons and entities from all liability in responding to inquiries from and releasing information to the City of Thompson in respect of my application and suitability for employment and the City of Thompson's investigations and inquiries relating thereto.

4. In the event that I am offered employment by the City of Thompson, I acknowledge and agree that such offer may be conditional upon: a satisfactory criminal record check, the provision of proof of any degrees, diplomas, certificates or licenses referred to in my application for employment, including any resume or other information or documentation provided by me, and the provision of proof that I am legally entitled to work in Canada. I acknowledge that the documents referred to in this paragraph 4 are to be provided at my expense.

5. I acknowledge and understand that any omission of fact or any false or misleading statement and/or information contained herein or otherwise provided by me to the City of Thompson may result in the cancellation of this application or, if I am offered employment with the City of Thompson, the revocation of any offer of employment from the City of Thompson or, if I am employed by the City of Thompson, the immediate termination of my employment with the City of Thompson for just cause.

Applicant Signature: _____

Applicant Print Name: _____

Date: _____

Witness Signature: _____

Witness Print Name: _____

Date: _____