

TOWN OF PONOKA APPLICATION FOR EMPLOYMENT

IMPORTANT PLEASE READ CAREFULLY

This application form must be completed fully, accurately and legibly. A new application must be filled in for each competition. Reference checks will be conducted as required. If a resume is to be attached, please complete the portions of this form that are not covered. Return of mail by closing date to: Town of Ponoka, 5102 48 Avenue, Ponoka AB T4J 1P7.

Position Applied For: _____

Surname: _____ Given Name(s): _____

Mailing Address: _____
City/Town Province Postal Code

Home Telephone: _____ Business Phone: _____

Social Insurance Number: _____ Are you legally able to work in Canada Yes No

List relatives employed by the Town: _____
Name Relation

Have you any non-pardoned criminal convictions? If YES, please explain. _____

EDUCATION

	PLACE AND PROGRAM	CERTIFICATE/DIPLOMA ATTAINED	YEAR
High School:			
Community College:			
Business School:			
Technical Institute:			
University:			
Other job related courses, Education, Seminars, Safety Skills, etc.:			

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SPECIAL SKILLS: (FILL IN ONLY IF SKILL IS REQUIRED)

OFFICE/CLERICAL SKILLS:

Typing Speed: _____ wpm Dictaphone: _____

Switchboard: _____ Word Processor: _____

Other Office Skills: _____

VEHICLE OPERATION:

Valid License? Yes No Class: _____ Demerits: _____

Vehicle Operation Experience (equipment used, hours, etc): _____

Trade: _____ Type: _____

License No.: _____ Apprenticeship: _____
1 2 3 4

WORK HISTORY

Company: _____

Supervisor: _____ Telephone: _____

Employed From: _____ to _____ Reason for Leaving: _____
Month/yr Month/yr

Describe Duties and Responsibilities: _____

Company: _____

Supervisor: _____ Telephone: _____

Employed From: _____ to _____ Reason for Leaving: _____
Month/yr Month/yr

Describe Duties and Responsibilities: _____

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Company: _____

Supervisor: _____ Telephone: _____

Employed From: _____ to _____ Reason for Leaving: _____
Month/yr Month/yr

Describe Duties and Responsibilities: _____

Company: _____

Supervisor: _____ Telephone: _____

Employed From: _____ to _____ Reason for Leaving: _____
Month/yr Month/yr

Describe Duties and Responsibilities: _____

Please list earlier jobs explaining any breaks in employment: _____

Have you ever been dismissed or forced to resign from any position? If yes, explain. _____

May we contact the employers listed above, including your present employer (if currently employed) for information? Yes No If no, please indicate which ones you do not wish us to contact and why.

When would you be available for work if offered a position with the Town of Ponoka?

immediately _____ week(s) notice Date: _____ / _____ / _____
Day Month Year

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Please describe your qualifications or abilities that you feel would be an asset in the type of work for which this application is made: _____

Do you have any physical or mental condition(s) which could affect your ability to perform this job? If YES, please explain. NOTE: Job offers may be contingent upon passing a medical examination. _____

REFERENCES

Please list the names of three persons (preferably supervisors) who can supply information pertinent to your job performance (exclude relatives).

NAME AND OCCUPATION	COMPANY	TELEPHONE NUMBER

APPLICANT'S DECLARATION

I declare the foregoing information to be true and complete to the best of my knowledge and understand that if I am hired any misrepresentation or omission may result in my dismissal.

SIGNATURE

DATE