



APPLICATION FOR EMPLOYMENT

Position Applied For: _____ Department: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Social Insurance Number: _____

Are you 16 years of age or older? Yes No

Education & Training

What level of education have you completed? _____

Do you have any post-secondary education or training? Yes No If yes, please describe:

Do you have any other training, education, skills, experience, or qualifications you feel would be of benefit to working in this position? Yes No If yes, please describe:

Do you have any conditions or limitations that would prevent you from working in the position applied for? Yes No If yes, please describe:

If you wish, indicate any organizations, activities, hobbies, or sports with which you are involved.

List past employment below, beginning with the most recent:

| | | |
|-----------------------------|---|-----------|
| Name of Company: | Start Date: | End Date: |
| Position Held: | Wage: | |
| Reason for leaving: | Duties: | |
| Supervisor/Manager's Name: | | |
| Supervisor/Manager's Phone: | May we contact for reference? Yes <input type="radio"/> No <input type="radio"/> | |

| | | |
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| Supervisor/Manager's Phone: | May we contact for reference? Yes <input type="radio"/> No <input type="radio"/> | |

| | | |
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| Position Held: | Wage: | |
| Reason for leaving: | Duties: | |
| Supervisor/Manager's Name: | | |
| Supervisor/Manager's Phone: | May we contact for reference? Yes <input type="radio"/> No <input type="radio"/> | |

Additional references:

| Name | Phone | Relationship | Best Time to Call |
|------|-------|--------------|-------------------|
|------|-------|--------------|-------------------|

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I express consent to the City of Steinbach verifying any information supplied by me in this application and for that purpose and for the purpose of obtaining any other information pertaining to my suitability for employment, the City of Steinbach may contact any person or persons, unless otherwise noted in this application.

I certify that the statements made by me are true to the best of my knowledge.

Signature: _____ Date: _____