



**EDUCATION**

Have you completed your high school diploma (Grade 12)?

Yes No  If No, indicate highest level of school you have completed: Grade \_\_\_\_\_**FORMAL POST SECONDARY EDUCATION** (i.e. University, College, Technical or Trade)

Educational Institution	Program	Degree / Diploma Certificate	Completed	Year
1.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.			Yes <input type="checkbox"/> No <input type="checkbox"/>	

**ADDITIONAL SKILLS AND QUALIFICATIONS****TRADES CERTIFICATES AND PROFESSIONAL DESIGNATION**

1.	License No:	Province:
2.	License No:	Province:

**TOOLS AND EQUIPMENT SKILLS**

	Years of Experience
i.e. Forklift, chainsaw, jack hammer, etc.	
1.	
2.	
3.	
4.	

**ADDITIONAL TRAINING OR COURSES**

Name of Course (i.e. Foremanship or Supervisor Training, WHMIS, First Aid, etc.)	Level	Year
1.		
2.		
3.		
4.		

### COMPUTER SOFTWARE / APPLICATION SKILLS

If the position you are applying for requires specific computer skills, please list the software or application:

	Level	Years of Experience
1.		
2.		
3.		

### DRIVER'S LICENSE

If the position that you are applying for requires a valid driver's license to operate a vehicle, please complete the following section. Please note that a Driver's Abstract may be requested at a later date.

Do you possess a valid driver's license?    Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, Operator's License No.:	Province:	Class:
Has your Driver's License ever been suspended or revoked?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

### OTHER RELATED SKILLS

List any skills that you have acquired that directly relate to the position you are applying for.

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### EMPLOYMENT HISTORY

Employer:	Position Held:
Date of Employment (Month - Year) From:                      To:	Reason for Seeking other employment:
Name of Supervisor:	
<b>Duties and Achievements:</b>	

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Date of Employment (Month - Year) From:                      To:	Reason for Seeking other employment:
Name of Supervisor:	
<b>Duties and Achievements:</b>	

Employer:	Position Held:
Date of Employment (Month - Year) From:                      To:	Reason for Seeking other employment:
Name of Supervisor:	
<b>Duties and Achievements</b>	

**ADDITIONAL COMMENTS**

Use this space for any additional information you wish to add.

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**REFERENCES:** Please provide employment / work related references.

Name:	Phone No.
Occupation / Job Title:	Employer:
City:	Years known:

Name:	Phone No.
Occupation / Job Title:	Employer:
City:	Years known:

Name:	Phone No.
Occupation / Job Title:	Employer:
City:	Years known:

I authorize Lethbridge County to make enquiries concerning my background, character and fitness for employment with Lethbridge County. I authorize the disclosure of information about myself to the County by the above persons, provided that such information will be used by Lethbridge County only for the purpose of this application and will be treated in strict confidence.

I declare that all information provided in this application for employment is true and I understand that any deliberate false statements may disqualify me from employment, or result in dismissal.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

We thank all applicants for their interest. Only candidates selected for interviews will be contacted.



Lethbridge County is an Equal Opportunity Employer.