

## **Employment Application Form**

This information is being collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33c. It will be used to determine whether the applicant is suitable and qualified for appointment to a position or positions within Lethbridge County. If you have any questions about collection of this information contact the Chief Administrative Officer at (403) 328-5525.

#### COMPLETE A SEPARATE APPLICATION FOR EACH POSITION YOU ARE APPLYING FOR.

Type of job this application is being submitted for:						
(Required)						

NAME																		
Last					Firs	t								Mie	ddle	e Ini	itial	
Address City / Town Province Postal Code			 		_		Bu	sine	Ph ega	one	e No	o: _					da?	

#### **INSTRUCTIONS:**

- Fill out the application form as completely as possible. The information you provide is used to assess your suitability for the position.
- Applications and resumes must be submitted by the closing date to:

# Lethbridge County Administration Office, #100, 905 - 4<sup>th</sup> Ave. South, Lethbridge, AB T1J 4E4; at the Picture Butte Admin. Shop; or by FAX to (403) 328-5602

#### 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 🗌 No 🗍	
2.			Yes 🗌 No 🔲	
3.			Yes 🗌 No 🔲	

## ADDITIONAL SKILLS AND QUALIFICATIONS

#### TRADES CERTIFICATES AND PROFESSIONAL DESIGNATION

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

#### TOOLS AND EQUIPMENT SKILLS

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

## ADDITIONAL TRAINING OR COURSES

Name of Course (i.e. Foremanship or Supervisor Training, WHMIS, First Aid,	Level	Year
etc.)		
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 No		
If Yes, Operator's License No.:	Province:		Class:
Has your Driver's License ever been susp	ended or revoked?	Yes 🗌	No 🗌

#### OTHER RELATED SKILLS

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

#### **EMPLOYMENT HISTORY**

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

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Date of Employment (Month - Year)	Reason for Seeking other employment:
From: To:	5 1 5
Nome of Supervisor:	
Name of Supervisor:	
Duties and Achievements:	

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

## ADDITIONAL COMMENTS

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

#### **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.