



Town of Bonnyville
"It's Multi-Natural"

TOWN OF BONNYVILLE APPLICATION FOR EMPLOYMENT

Please fax or mail this application form to:

Human Resources
Town of Bonnyville
4917 – 49 Avenue, Bag 1006
Bonnyville AB T9N 2J7
Fax: 780-826-4806

DATE: _____

PERSONAL:

Last Name: _____

First Name: _____

Middle Initial: _____

Present Address:

Street or Box
Number: _____

City/Town: _____

Province: _____

Postal Code: _____

Telephone: _____

Cell: _____

POSITION APPLIED FOR:

1. _____ Rate of Pay Expected: _____

2. _____ Rate of Pay Expected: _____

How did you learn of this opening?

Would you want to work: (Make selection) Full – Time or Part-Time? Specify days and hours if part-time.

Have you worked for the Town of Bonnyville before? If yes, when and in what capacity?

If hired, on what date will you be available to start work?

Are there any other experiences, skills or qualifications, which you feel, would especially fit you for work with us?

If hired, do you have reliable means of transportation to get to work?

EDUCATION BACKGROUND

High School Education

Name of High School _____

Grade Completed _____

Diploma Received _____

Undergraduate/College/University

Name of Post Secondary Institution: _____

Course of Study: _____

Year Completed: _____

Diploma/Degree Received: _____

Graduate/Professional

Name of Post Secondary Institution: _____

Course of Study: _____

Year Completed: _____

Certificate/Degree Received: _____

Describe any specialized training, apprenticeship skills and extra-curricular activities:

Describe any honors you have received:

PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

1. Employer:

Dates of Employment: _____

Name, Telephone & Address of Employer:

Supervisor's Name and Title:

Reason for Leaving: _____

Duties:

2. Employer: _____

Dates of Employment: _____

Name, Telephone & Address of Employer:

Supervisor's Name and Title:

Reason for Leaving: _____

Duties:

3. Employer: _____

Dates of Employment: _____

Name, Telephone & Address of Employer:

Supervisor's Name and Title:

Reason for Leaving: _____

Duties:

4. Employer:

Dates of Employment: _____

Name, Telephone & Address of Employer:

Supervisor's Name and Title:

Reason for Leaving: _____

Duties:

REFERENCES:

Please provide the names and contact information, including phone numbers of at least three persons who can supply information pertinent to your job performance.

1. Reference: _____

Name, Telephone of Reference:

2. Reference: _____

Name, Telephone of Reference:

3. Reference: _____

Name, Telephone of Reference:

ADDITIONAL INFORMATION:

Occasionally the form of an application blank makes it difficult for an individual to adequately summarize their complete background.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with the Town of Bonnyville will be based only on your merit and on no other consideration.

**PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION
AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant: _____