

# DISTRICT OF SECHELT

5797 Cowrie Street, 2nd Floor, P.O. Box 129

Sechelt, B.C. V0N 3A0

Telephone: 604-885-1986 / Fax: 604-885-7591 / Vancouver Direct: 604-689-1680

## APPLICATION FOR EMPLOYMENT

<b>Position being applied for:</b>	<b>Date available to begin work:</b>
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### PERSONAL DATA:

<u>Last Name:</u>	<u>Given Name(s):</u>	<u>Social Insurance Number:</u>
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<u>Street and Mailing Address:</u>	<u>Apartment Number:</u>	<u>Home Telephone:</u>
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<u>City/Province:</u>	<u>Postal Code:</u>	<u>Business Telephone:</u>
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Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you reached the legal working age in B.C.? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you willing to re-locate in British Columbia? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred location:
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To determine your qualification for employment, please provide below, and on the reverse, information related to your academic and other achievements, including voluntary work, as well as employment history. Additional information may be attached on a separate sheet.

### EDUCATION

<b>Secondary School</b>	<b>Business, Trade or Technical School</b>	
Highest Grade or Level Completed:	Name of Course:	Length of Course:

Type of Certificate or Diploma Received:	License, Certificate or Diploma Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Community College</b>		<b>University</b>		
Name of Program:	Length of Program:	Length of Course:	Degree Awarded: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Pass <input type="checkbox"/> Honours

Diploma Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Major Subject:
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Other courses, workshops, seminars:	Licenses, Certificates, Degrees:
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### WORK RELATED SKILLS:

Describe any of your work related skills, experience, or training that relate to the position being applied for:

**EMPLOYMENT**

Name and Address of present/last employer:	Present/Last Job Title:	
	Period of Employment: From: To :	Present/Last Salary
	Name of Supervisor:	Telephone:
Type of Business:	Reason for Leaving:	

Duties/Responsibilities:

Name and Address of Previous Employer:	Previous Job Title:	
	Period of Employment: From: To :	Final Salary:
	Name of Supervisor:	Telephone:
Type of Business:	Reason for Leaving:	

Duties/Responsibilities:

Name and Address of Previous Employer:	Previous Job Title:	
	Period of Employment From: To :	Final Salary
	Name of Supervisor:	Telephone:
Type of Business:	Reason for Leaving:	

Duties/Responsibilities:

For employment references, may we approach:

Your present/last employer?  Yes  NoYour former employer(s)?  Yes  No

List references if different than above on a separate sheet.

Activities (civic, athletic, etc.)

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment or cause my dismissal.

Signature

Date

Have you attached an additional sheet?  Yes  No