



# APPLICATION FOR EMPLOYMENT

**CITY OF MOOSE JAW**  
Human Resource Services, 228 Main Street North  
Moose Jaw, Saskatchewan, S6H 3J8  
Phone: (306) 694-4432  
Fax: (306) 694-4517

PLEASE PRINT

DATE: \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Summer \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle Initial)

PRESENT ADDRESS \_\_\_\_\_  
(No.) (Street) (City) (Province) (Postal Code)

TELEPHONE NO. \_\_\_\_\_ SIN # \_\_\_\_\_  
(Home) (Business) (Cell)

HAVE YOU EVER BEEN EMPLOYED BY THE CITY OF MOOSE JAW? \_\_\_\_\_ YEAR \_\_\_\_\_

ARE YOU A STUDENT? \_\_\_\_\_ ARE YOU OVER THE AGE OF 16? \_\_\_\_\_  
(A student is someone currently enrolled in high school or post-secondary education in the process of completing a program of study)

ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK? \_\_\_\_\_

IF A STUDENT, ON WHAT DATE DO YOU RETURN TO SCHOOL? \_\_\_\_\_

ON WHAT DATE ARE YOU NO LONGER AVAILABLE TO WORK? \_\_\_\_\_

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CITY OF MOOSE JAW? \_\_\_\_\_

IF SO, NAME AND RELATIONSHIP \_\_\_\_\_

## EDUCATION

	NAME & LOCATION	COURSE	LEVEL ATTAINED	GRADUATE (Yes or No)
Elementary School			5 6 7 8	
High School			9 10 11 12	
Business College				
Technical Institution				
University				
Other				

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP SKILLS, OR OTHER COURSES YOU HAVE:

TYPING SPEED \_\_\_\_\_ W.P.M. SHORTHAND SPEED \_\_\_\_\_ W.P.M.

COMPUTER SOFTWARE PROGRAMS: \_\_\_\_\_

WHAT CLASS DRIVER'S LICENSE DO YOU HOLD? \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ (OVER)

**PRIOR WORK HISTORY** (List present or last employer first)

DATE From:	DATE To:	NAME & ADDRESS OF EMPLOYER	SALARY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING

Describe in detail the work you did.

DATE From:	DATE To:	NAME & ADDRESS OF EMPLOYER	SALARY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING

Describe in detail the work you did.

DATE From:	DATE To:	NAME & ADDRESS OF EMPLOYER	SALARY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING

Describe in detail the work you did.

May we contact the employers listed above? \_\_\_\_\_ If not, indicate below which one(s) you do not wish us to contact.

**PERSONAL REFERENCES** (excluding former employers or relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

Please feel free to attach a resume or any additional information you may wish to provide.

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION & 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: \_\_\_\_\_