



# Application for Employment

202 Burrows Avenue West  
P. O. Box 2230  
Melfort, SK S0E 1A0  
Phone: (306)752-5911  
Fax: (306)752-5556  
E-mail: [city@melfort.ca](mailto:city@melfort.ca)  
Web: [www.melfort.ca](http://www.melfort.ca)

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Department: \_\_\_\_\_

**PERSONAL INFORMATION** *Please Print*

**Name:** \_\_\_\_\_  
(last name) (first name) (middle/initial)

**Address:** \_\_\_\_\_  
(mailing address – box number or street address)

\_\_\_\_\_  
(city) (province) (postal code)

**Home Phone #:** \_\_\_\_\_ **Alternate Phone #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

1. Are you legally entitled to work in Canada? Yes  No
2. Have you ever been employed by the City of Melfort? Yes  No   
If so, when? \_\_\_\_\_
3. Are you bondable? Yes  No  Have you ever been bonded? Yes  No
4. Do you have any relatives employed by the City? Yes  No   
If yes, state name & relationship: \_\_\_\_\_
5. Do you hold a valid Driver's license? Yes  No   
If yes, indicate: Class \_\_\_\_\_ Validation Date: \_\_\_\_\_ License #: \_\_\_\_\_
6. Do you have any physical disability or ailment that would affect your performance of duties in the position for which you are applying?  
Yes  No  If so, please specify: \_\_\_\_\_
7. If required, are you willing to work?  
Shiftwork \_\_\_\_\_ Night Shift \_\_\_\_\_ Weekends \_\_\_\_\_ Holidays \_\_\_\_\_ Overtime \_\_\_\_\_

**EDUCATION**

Grade 12 Diploma

GED  OR Highest Grade Completed: \_\_\_\_\_

Degree/Diploma Certificate/License	Institution/Location	Specialization	Years Attended		Diploma/Degree Received?
			From	To	

Describe any other courses, training, apprenticeships or education programs that you have taken?

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**OTHER EXPERIENCE/SKILLS**

List any other skills, qualifications or volunteer experience that you have that may be relevant to your application for employment? For example: typing speed, computer experience, equipment operation, etc.

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## EMPLOYMENT HISTORY

List your work experience. Please start with your current or most recent position:

Dates		Name of Employer/Address	Job Title	Reason for Leaving
From	To			

Describe the duties and responsibilities of the above position:

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Dates		Name of Employer/Address	Job Title	Reason for Leaving
From	To			

Describe the duties and responsibilities of the above position:

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**Additional Employment Information:**

Have you ever been discharged from any position?      Yes         No  

If yes, explain: \_\_\_\_\_

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May we contact your present employer?      Yes         No  

**REFERENCES**

List 3 references, who are not personal friends or relatives, who can supply information on your job performance and your work ability:

Name	Work Relationship	Address	Phone Number(s)
1.			
2.			
3.			

May we contact your references?      Yes         No  

**CERTIFICATION**

I declare that all statements made in this application are true and complete. I understand that false information or misrepresentation may be cause for rejection of this application or for termination of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date