



City of Lethbridge

DATE STAMP

APPLICATION FOR EMPLOYMENT

TO BE COMPLETED BY APPLICANT

Complete one application form for each competition. Late applications are NOT considered.



POSTING NUMBER YOU ARE APPLYING FOR

POSITION TITLE OF JOB YOU ARE APPLYING FOR

PERSONAL DATA (PLEASE PRINT)

LAST NAME		GIVEN NAME(S)			
ADDRESS			CITY	PROVINCE	POSTAL CODE
HOME PHONE	WORK PHONE	OTHER PHONE #	E-MAIL ADDRESS		ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? <input type="checkbox"/> Yes <input type="checkbox"/> No
WERE YOU PREVIOUSLY EMPLOYED WITH THE CITY? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, NAME USED	POSITION HELD	DEPARTMENT	EMPLOYEE #	

EDUCATION AND TRAINING (PROOF OF EDUCATION MAY BE REQUIRED PRIOR TO JOB OFFER)

	CERTIFICATE/DIPLOMA/DEGREE RECEIVED?	NAME OF CERTIFICATE/DIPLOMA/DEGREE RECEIVED	NAME AND LOCATION OF INSTITUTE
TRADE TICKET, CERTIFICATE PROGRAM	<input type="checkbox"/> Yes <input type="checkbox"/> No		
HIGH SCHOOL	<input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE, BUSINESS SCHOOL OR TECHNICAL COLLEGE	<input type="checkbox"/> Yes <input type="checkbox"/> No		
UNIVERSITY	<input type="checkbox"/> Yes <input type="checkbox"/> No		
OTHER			

IF ANY EDUCATIONAL CERTIFICATION IS FROM OUTSIDE CANADA, HAS IT BEEN ASSESSED FOR EQUIVALENCY?
 No Yes - Specify which organization:

ADDITIONAL RELATED LEARNING INCLUDING IN-SERVICE TRAINING, CORRESPONDENCE AND EXTENSION COURSES (attach an additional sheet if further space is required)

MEMBERSHIP IN PROFESSIONAL OR TECHNICAL ASSOCIATION (You are not required to list those of a religious, ethnic or political nature)

COMPUTER SOFTWARE/WORD PROCESSING

COMPUTER SOFTWARE USED	VERSION	LENGTH OF TIME USED	COMPUTER SOFTWARE USED	VERSION	LENGTH OF TIME USED
TYPING SPEED WPM	OTHER OFFICE SKILLS				

LABOURER, TRUCK DRIVER, EQUIPMENT OPERATOR AND TRADES APPLICANTS

DO YOU HAVE A TRADE CERTIFICATE? <input type="checkbox"/> No <input type="checkbox"/> Yes - Trade:	APPRENTICE YEAR COMPLETED <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	TRADE LICENSE NUMBER	PROVINCE	INTERPROVINCIAL LICENSE <input type="checkbox"/> No <input type="checkbox"/> Yes	
TYPE AND SIZE OF TRUCK, CONSTRUCTION OR MAINTENANCE EQUIPMENT OPERATED	YEARS OF EXPERIENCE	DATED LAST USED	TYPE AND SIZE OF TRUCK, CONSTRUCTION OR MAINTENANCE EQUIPMENT OPERATED	YEARS OF EXPERIENCE	DATE LAST USED
DO YOU HAVE A VALID DRIVER'S LICENCE? <input type="checkbox"/> No <input type="checkbox"/> Yes	CLASS	PROVINCE	NUMBER OF DEMERITS		

EMPLOYMENT HISTORY (INCLUDE RELATED VOLUNTEER EXPERIENCE)

MOST RECENT		EMPLOYER				SUPERVISOR'S NAME	
DATE STARTED YYYY	MM	DATE LEFT YYYY	MM	POSITION		AVERAGE WEEKLY HOURS	
RESPONSIBILITIES							
2ND TO LAST		EMPLOYER				SUPERVISOR'S NAME	
DATE STARTED YYYY	MM	DATE LEFT YYYY	MM	POSITION		AVERAGE WEEKLY HOURS	
RESPONSIBILITIES							
3RD TO LAST		EMPLOYER				SUPERVISOR'S NAME	
DATE STARTED YYYY	MM	DATE LEFT YYYY	MM	POSITION		AVERAGE WEEKLY HOURS	
RESPONSIBILITIES							

ADDITIONAL INFORMATION RELATED TO THIS POSITION THAT YOU WOULD LIKE TO BRING TO OUR ATTENTION

Submit this application by mail or drop off

**The City of Lethbridge
Human Resources
6th Floor, 910 – 4 Avenue South
Lethbridge, AB T1J OP6
FAX: (403) 320-9369**

**(Note when dropping off: Staple all information together and submit without an envelope)
(Open 8:00 a.m. – 4:30 p.m. daily)**

- Please attach a resume or any further information regarding skills and abilities that are related to the position for which you are applying.
- A minimum of two references must be provided at the time of an interview.
- Proof of qualifications may be required at time of interview.
- Only those applicants being considered for an interview will be contacted.
- All applicants are thanked for their interest.

The personal information requested on this form is being collected under the authority of Alberta's Freedom of Information and Protection of Privacy Act, Section 33c and is protected under the Act. It will be used to determine whether the applicant is suitable and qualified for appointment to a position or positions within the City of Lethbridge, and it will be used to manage the City of Lethbridge's Human Resources Programs. If you have any questions about the collection of this information contact Human Resources at (403) 320-3911.

APPLICANT'S DECLARATION

I certify that all statements in this application are true. I agree and understand that any misstatement of material facts in this application will cause loss of all right to employment with The City of Lethbridge					
Have you had a criminal conviction for which a pardon has NOT been granted <input type="checkbox"/> Yes <input type="checkbox"/> No	SIGNATURE		DATE YYYY	MM	DD