



CITY OF CORNER BROOK

P.O. BOX 1080
CORNER BROOK, NL A2H 6E1
PHONE: (709) 637-1589
FAX: (709) 637-1625

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL DATA

Name: _____
Last Given Name(s) Middle Initial

Address: _____
No. Street Address
City Province Postal Code

Telephone Number: _____ E-mail Address: _____

Do you have a valid driver's license? _____ Class: _____

Position applied for: _____

Is your application for Full-Time? _____ Temporary? _____ Seasonal employment? _____

Have you worked for the City of Corner Brook before? _____ If yes, when? _____

If successful, on what date will you be available for work? _____

EDUCATION

SCHOOL	COURSE OF STUDY	YEARS ATTENDED	DID YOU GRADUATE?	DIPLOMA OR DEGREE OBTAINED
High School				
College				
University				
Trade				
Other (Specify)				

DESCRIBE ANY OTHER EXPERIENCE, SKILLS, QUALIFICATIONS, OR TRAINING WHICH YOU FEEL ARE SUITED TO THE POSITION FOR WHICH YOU ARE APPLYING (E.G. FIRST AID, WHMIS, SAFE TRENCHING COURSE, PROFESSIONAL DEVELOPMENT SEMINARS, ETC.).

(PLEASE TURN OVER)

EMPLOYMENT HISTORY

(List Below, Beginning With Your Most Recent, Present And Past Employment)

NAME AND ADDRESS OF ORGANIZATION	FROM	TO	BRIEF DESCRIPTION OF DUTIES/RESPONSIBILITIES

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REFERENCES

(Excluding Friends and Relatives)

NAME AND OCCUPATION	RELATIONSHIP	PHONE NUMBER(S)	E-MAIL ADDRESS (IF ANY)
1.			
2.			
3.			

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT ANY FALSE OR MISLEADING INFORMATION MAY LEAD TO TERMINATION OF EMPLOYMENT WITH THE CITY OF CORNER BROOK.

APPLICANT'S SIGNATURE: _____

THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN EMPLOYMENT WITH THE CITY OF CORNER BROOK.