

EMPLOYMENT APPLICATION

CONFIDENTIAL WHEN COMPLETED

Are you legally entitled to work in Canada?
 Yes No

Please indicate your current employment status in Canada by selecting ONE of the following choices:

- Canadian Citizen or permanent resident
- Currently employed on a Work Permit
- NAFTA professional
- International Student
- Non-Canadian, no Work Permit

TO BE COMPLETED BY APPLICANT

REFERENCE NUMBER YOU ARE APPLYING FOR
POSITION TITLE OF JOB YOU ARE APPLYING FOR

Applications without a reference number are not considered.

Complete one application form for EACH job posting.

PERSONAL DATA (PLEASE PRINT)

LAST NAME		GIVEN NAME(S)			
HOME PHONE NUMBER ()	ALTERNATE PHONE NUMBER ()	COMPLETE ADDRESS			
CITY	PROVINCE	POSTAL CODE	EMAIL ADDRESS (IF AVAILABLE)		
WERE YOU PREVIOUSLY EMPLOYED WITH THE CITY? <input type="checkbox"/> NO <input type="checkbox"/> YES	IF YES, NAME USED	POSITION HELD	DEPARTMENT	EMPLOYEE ID	

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	DATE 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? No 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 in person to:

The City of Portage la Prairie
Human Resources Dept.
97 Saskatchewan Ave. E.
Portage la Prairie, Manitoba R1N 0L8
OR email HR@city-plap.com

Hours of operation: 9:00 a.m.—4:30 p.m. Monday—Friday
 Note: If mailing, ensure sufficient time for delivery before competition closing date for your application to be considered.

- 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.
- Thank you for your interest.

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 Portage la Prairie.

SIGNATURE	DATE
_____	YYYY MM DD