

DISTRICT OF KITIMAT

270 City Centre • Kitimat, BC • V8C 2H7

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:		DATE:	
FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>	CASUAL <input type="checkbox"/>	SHIFT WORK: YES <input type="checkbox"/> NO <input type="checkbox"/>
NAME:		DATE AVAILABLE:	
ADDRESS:	TOWN/PROV:	POSTAL CODE:	
Mailing Address (if different):	TOWN/PROV:	POSTAL CODE:	
TELEPHONE:	MESSAGES:	EMAIL ADDRESS:	
ARE YOU LEGALLY PERMITTED TO WORK IN CANADA? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any disabilities or illnesses which may affect your ability to perform the routine duties of the position applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please detail: _____			
Are you aware of any extenuating circumstances which will require a lengthy leave from work after being hired? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, state reason _____			

Name of relatives presently working for the District of Kitimat:

Name	Relationship
Name	Relationship

WORK EXPERIENCE (in order starting with most recent)					
NAME AND ADDRESS OF EMPLOYER	TYPE OF BUSINESS	POSITION	DATES		REASON FOR LEAVING
			FROM	TO	

EDUCATION			
NAME OF INSTITUTION	DATES ATTENDED	Last Grade/Year Completed	Diploma, Degree or Certificate

If Applicable:	Current Typing Speed _____ w.p.m.	
Do you have a current BC Driver's Licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes,
Driver's Licence Number: _____	Class _____	Air Brakes _____

Please provide any further details about your qualifications, education or experience that are relevant to your application:

Employment References (name, address, phone number)

Personal References - excluding relatives (name, address, phone number)

PLEASE READ CAREFULLY!

Certain positions within the District of Kitimat may require the employee/s to reside within 20 km of City Centre. Any breach of this residency requirement at any time will result in termination. A list of affected positions is available.

I authorize the District of Kitimat to make reference checks and other enquiries to verify the information provided on this application.

I understand and agree that any misrepresentation in this application will be sufficient cause for cancellation of my application and/or separation from the District of Kitimat's employment if I have been hired.

_____ Date

_____ Signature

FOR DISTRICT USE ONLY

TESTING

TYPING TEST RESULTS: Date: _____ Score: _____

ACCOUNTING TEST RESULTS: Date: _____ Score: _____

INTERVIEW Date: _____ Department: _____

REMARKS:
