



**WHEATLAND COUNTY
HUMAN RESOURCES**

**EMPLOYMENT
APPLICATION**

POSITION TITLE OF JOB YOU ARE APPLYING FOR

CONFIDENTIAL WHEN COMPLETED

Are you legally entitled to work in Canada?
 Yes No

PERSONAL DATA (PLEASE PRINT)

LAST NAME		GIVEN NAME(S)		
HOME PHONE NUMBER	ALTERNATE PHONE NUMBER		COMPLETE ADDRESS	
CITY	PROVINCE	POSTAL CODE	E-MAIL ADDRESS	
HAVE YOU BEEN PREVIOUSLY EMPLOYED BY THE COUNTY <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? <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF CERTIFICATE/ DIPLOMA/ DEGREE RECEIVED	NAME AND LOCATION OF INSTITUTE
TRADE TICKET CERTIFICATE PROGRAM			
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		
SAFETY CERTIFICATES <input type="checkbox"/> FIRST AID <input type="checkbox"/> WHMS <input type="checkbox"/> DEFENSIVE DRIVING <input type="checkbox"/> H2S ALIVE <input type="checkbox"/> TRANSPORTATION OF DANGEROUS GOODS (TDG)			
OTHER			
IF ANY EDUCATIONAL CERTIFICATION IS FROM OUTSIDE CANADA HAS IT BEEN ASSESSED FOR EQUIVALENCY <input type="checkbox"/> NO <input type="checkbox"/> 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 ASSOCIATIONS (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 LICENSE? <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			
2 ND TO LAST	EMPLOYER	SUPERVISOR'S NAME	
DATE STARTED YYYY MM 	DATE LEFT YYYY MM 	POSITION	AVERAGE WEEKLY HOURS
RESPONSIBILITIES			
3 RD TO LAST	EMPLOYER	SUPERVISOR'S NAME	
DATE STARTED YYYY MM 	DATE LEFT YYYY MM 	POSITION	AVERAGE WEEKLY HOURS
RESPONSIBILITIES			

(ATTACH AN ADDITIONAL SHEET IF FURTHER SPACE IS REQUIRED)

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

Submit this application in one of the following ways:

MAIL OR DELIVER TO:
 Wheatland County
 Human Resources
 HWY 1, RR 1
 STRATHMORE, AB T1P 1J6
 FAX TO: (403) 934-4889
 EMAIL TO: Bonnie.Knox@wheatlandcounty.ca

- 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.

This information is collected under section 33(c) of the Alberta Freedom of Information and Privacy Act (FOIP) for the purpose of hiring of the specified position. Inquiries about FOIP in relation to this form should be directed to the FOIP Coordinator of Wheatland County.

APPLICANT'S DECLARATION

Successful applicants will be required to subscribe to a criminal record check and may be required to submit to pre-employment drug screening. I certify that all statements in this application are true. I authorize investigation of all statements contained in this application. I agree and understand that any misrepresentation or omission of facts in this application will cause loss of all right to employment with Wheatland County.

SIGNATURE	DATE
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Wheatland County values each employee and their contribution to the success of the municipality.