

VILLAGE OF PORT ALICE
P.O BOX 130
PORT ALICE, BC VON 2N0
PHONE 250-284-3391 FAX 250-284-3416
email: info@portalice.ca
EMPLOYMENT APPLICATION

DATE OF APPLICATION			POSITION APPLIED FOR		
TYPE OF WORK		DATE AVAILABLE FOR WORK		ARE YOU BONDABLE ?	
FULL	PART	SUMMER		YES	NO
NAME					
ADDRESS				PHONE NUMBER	
STREET		BOX #	POSTAL CODE	EMAIL:	
VALID DRIVER'S LICENSE?	YES	NO	DO YOU HAVE YOUR OWN TRANSPORTATION ?	YES	NO
CITIZENSHIP:	CANADIAN CITIZEN	LANDED IMMIGRANT	EMPLOYMENT VISA	STUDENT	OTHER

EDUCATION	NAME & LOCATION OF SCHOOL	YEAR COMPLETED	HIGHEST GRADE/LEVEL COMPLETED	DIPLOMA / CERTIFICATE
HIGH SCHOOL				
UNIVERSITY/COLLEGE				
TECHNICAL				
VOCATIONAL				

SPECIAL COURSES COMPLETED _____

SPECIAL QUALIFICATIONS _____

NAME & ADDRESS OF PREVIOUS EMPLOYER	POSITION HELD	DATES EMPLOYED	REASON FOR LEAVING

HAVE YOU PREVIOUSLY WORKED FOR THE VILLAGE OF PORT ALICE ? YES NO IF YES, WHEN, _____

IN WHAT CAPACITY _____

NAME AND ADDRESS OF THREE PERSONS, NOT RELATED TO YOU, WHO CAN SUPPLY A CHARACTER REFERENCE FOR YOU:

NAME	ADDRESS
OCCUPATION	PHONE
NAME	ADDRESS
OCCUPATION	PHONE
NAME	ADDRESS
OCCUPATION	PHONE

DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH MAY INTERFERE WITH OR LIMIT YOUR PERFORMANCE IN THE JOB YOU ARE APPLYING FOR ? YES NO

IF YES, PLEASE EXPLAIN _____

USE THE SPACE BELOW TO SUMMARIZE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS AND/OR ANYING SPECIAL ABOUT YOURSELF THAT YOU FEEL WOULD HELP US CHOOSE YOU FOR THE POSITION YOU HAVE APPLIED FOR.

APPLICANT'S CERTIFICATION AND AGREEMENT (PLEASE READ CAREFULLY)

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THE ABOVE EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.
I UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE OF APPLICANT

STUDENT APPLICANTS - PLEASE STATE DATE OF BIRTH: _____