



CITY OF CHILLIWACK

External Employment Application

This form must be completed accurately and correctly in order to assess your qualifications and potential for employment.
PLEASE PRINT

General

SURNAME		GIVEN NAMES				
HOME ADDRESS		CITY	PROV.	POSTAL CODE		
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER		EMAIL			
IF NOT A CANADIAN CITIZEN/LANDED IMMIGRANT PLEASE GIVE WORK PERMIT NO.						
LANGUAGES OTHER THAN ENGLISH IN WHICH YOU ARE FLUENT, THAT WOULD ASSIST US IN PROVIDING BETTER SERVICE TO THE PUBLIC						
SPOKEN	READING		WRITING			
1)	1)		1)			
2)	2)		2)			
3)	3)		3)			
ARE YOU ELIGIBLE FOR BONDING?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	HAVE YOU EVER HAD A BOND CANCELLED?	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, PLEASE EXPLAIN						

Job Data

FOR WHAT POSITION ARE YOU APPLYING?		DATE AVAILABLE TO START WORK	CURRENT EMPLOYER			
HAVE YOU BEEN EMPLOYED BY A MUNICIPALITY/CITY BEFORE?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	NAME OF MUNICIPALITY	
DEPARTMENT		NAME OF SUPERVISOR				
REASON FOR LEAVING						
DO YOU HAVE ANY RELATIVES CURRENTLY WORKING FOR THE CITY					YES <input type="checkbox"/>	NO <input type="checkbox"/>
NAME	RELATIONSHIP	DEPARTMENT	TYPE OF WORK			
DO YOU HAVE SPECIALIZED SKILLS AND TRAINING FOR THE POSITION APPLIED FOR?					YES <input type="checkbox"/>	NO <input type="checkbox"/>
PLEASE EXPLAIN:						
ARE YOU AVAILABLE FOR SHIFT WORK?					YES <input type="checkbox"/>	NO <input type="checkbox"/>

Employment History PLEASE START WITH YOUR MOST RECENT POSITION

DATE STARTED:	COMPANY	
POSITION(S) HELD	SALARY	DESCRIPTION OF DUTIES
NAME OF SUPERVISOR		TITLE

DATE: FROM	TO	COMPANY	
POSITION(S) HELD	SALARY	DESCRIPTION OF DUTIES	
NAME OF SUPERVISOR			TITLE

DATE: FROM	TO	COMPANY	
POSITION(S) HELD	SALARY	DESCRIPTION OF DUTIES	
NAME OF SUPERVISOR			TITLE

DATE: FROM	TO	COMPANY	
POSITION(S) HELD	SALARY	DESCRIPTION OF DUTIES	
NAME OF SUPERVISOR			TITLE

Physical Condition

DO YOU HAVE ANY PHYSICAL DISABILITIES OR CHRONIC DISEASES THAT MAY INTERFERE WITH THE WORK FOR WHICH YOU ARE APPLYING?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN	
HAVE YOU EVER RECEIVED COMPENSATION FOR AN INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE EXPLAIN	
ANNUAL AVERAGE DAYS LOST FROM WORK DUE TO ILLNESS	
NATURE OF ILLNESSES	DATE OF LAST PHYSICAL EXAMINATION
DESCRIBE YOUR CURRENT PHYSICAL CONDITION	

Education

SECONDARY SCHOOL/GRADE 12 GRADUATION OR GED

YES NO

YEAR

Educational Upgrading

NAME AND ADDRESS OF INSTITUTION	DATES ATTENDED		DIPLOMA/DEGREE RECEIVED	GRADE/AVG.	AREA OF SPECIALIZATION
	FROM	TO			

Computer Software/Word Processing

COMPUTER SOFTWARE APPLICATIONS USED	COURSE TAKEN		LENGTH OF COURSE (HRS.)	LEVEL OF EXPERTISE (BASIC/INTERMEDIATE/ADVANCED)	LENGTH OF TIME ACTIVELY USED	
	YES	NO			YEARS	MONTHS
				<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		
				<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		
				<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		
				<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		
				<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		
TYPING SPEED	/WPM	OTHER OFFICE SKILLS				

Labourer, Truck Driver, Equipment Operator and Trades Applicants

DO YOU HAVE A JOURNEYMAN TRADE CERTIFICATE? IF YES, NAME TRADE <input type="checkbox"/> YES <input type="checkbox"/> NO	APPRENTICE YEARS COMPLETED <input type="checkbox"/> YEAR 1 <input type="checkbox"/> YEAR 2 <input type="checkbox"/> YEAR 3 <input type="checkbox"/> YEAR 4	TRADE LICENSE NUMBER	PROVINCE	INTERPROVINCIAL LICENSE <input type="checkbox"/> NO <input type="checkbox"/> YES
LIST TYPE OF TRUCK, CONSTRUCTION OR MAINTENANCE EQUIPMENT OPERATED			LENGTH OF EXPERIENCE	
			YEARS	MONTHS

