

The City of Flin Flon

20 First Avenue
FLIN FLON Manitoba
R8A-0T7



Telephone: (204) 681-7511
Facsimile: (204) 681-7530

APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE PAGES 1, 2, 3

Thank you for your interest in Employment with The City of Flin Flon.

The City of Flin Flon affirms its commitment to the principles of The Human Rights Code in its recruitment, hiring practices, working conditions, promotions, and dismissals. The Human Rights Code prohibits discrimination or harassment in the workplace because of race, national or ethnic origin, religion, colour, age, sex, marital status, family status, source of income, physical or mental disability, or political belief.

The City of Flin Flon strives toward fair representation of women, aboriginal people, disabled persons, and minorities at all levels of our workforce, and is a smoke-free environment.

The City of Flin Flon complies with the Human Rights Code, and it is our policy to hire, train, and promote people without regard for race, colour, religion, sex, age, disability, or any other grounds listed in the Code.

PLEASE PRINT NEATLY

Date _____
(Month/Day/Year)

Last Name First Name Initial(s) Other Name(s)

Address No. Street City Province Postal Code

Telephone Number: (Home) _____ (Work) _____

Birthdate: (Please ONLY supply if under the age of 16-required for Child Employment Permit) _____
(Month/Day/Year)

I am applying for work as ① _____ ② _____

Permanent? Part-Time? Temporary? Seasonal?

Specify Days and Hours if Part-Time _____

What Date would you be available to start working? _____

Have you ever worked for The City of Flin Flon? Yes No
If yes, when? _____ (Specify Dates & Job Position/Title)

Have you ever applied for, or been refused, Employment by The City of Flin Flon? Yes No
If yes, when? _____ (Specify Dates)

EDUCATION:

I Have Grade 12 Diploma _____ **Or** I Have GED Equivalent of Grade 12
 Name/Location of School

Or The Highest Primary or Secondary Grade I have successfully completed is _____

Name of Community College / Technical School	Major(s) Study	Years Attended From To	Complete Incomplete	Did You Graduate? Yes/No

Name of University	Major(s) Study	Years Attended From To	Complete Incomplete	Did You Graduate? Yes/No

Trade Certificate Held if Any:		Ticket No.		
TYPE	PROVINCE	CLASS	DATE ISSUED	EXPIRY DATE

Have you enclosed a copy of your transcript(s) from the information listed above? Yes No

Would you be willing to submit your transcript(s) at a later date? _____ **Upon Hiring?** _____
 Yes/No Yes/No

Driver's Licence _____
 Province Class

Briefly describe any other courses, skills or experiences acquired that would be pertinent to this application

Do you have any physical or mental disabilities which would affect you performing the job duties of the position you are applying for? This information will assist us with job placement and reasonable accommodation which may be required.

Are you legally entitled to work in Canada? Yes No

Have you ever been convicted of an offence for which you have not received a pardon, which is relevant to performing the job duties of the position you are applying for? Yes No

If "Yes", explain:

I am willing to provide Criminal Record Check Child Abuse Registry Check Medical Examination

(You will be required to produce a Birth Certificate, Social Insurance Card, Driver's Licence, and High School Diploma or Equivalent upon accepting employment.)

EMPLOYMENT HISTORY: List below all employment beginning with your most recent employment. (Use additional pages if necessary.)

1. Employer's Name	Employer's Address
Period of Employment From _____ To _____	Position Held
Supervisor's Name, Position & Telephone Number	Reason For Leaving

2. Employer's Name	Employer's Address
Period of Employment From _____ To _____	Position Held
Supervisor's Name, Position & Telephone Number	Reason For Leaving

3. Employer's Name	Employer's Address
Period of Employment From _____ To _____	Position Held
Supervisor's Name, Position & Telephone Number	Reason For Leaving

4. Employer's Name	Employer's Address
Period of Employment From _____ To _____	Position Held
Supervisor's Name, Position & Telephone Number	Reason For Leaving

May we contact your present Employer? _____ Yes/No May we contact your past Employers? _____ Yes/No

REFERENCES: Please name two or more parties (other than relatives) who can furnish references as to your work experience.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
1.			
2.			
3.			

I hereby authorize investigation of all statements contained in the Application. I further certify that the answers given by me to the foregoing questions and statements made are true and correct to the best of my knowledge. I understand that untrue or incomplete answers discovered subsequent to employment may be cause for dismissal.

Signature of Applicant _____ Date _____