- City of -
WEYBURN

Application for Employment

P.O. Box 370
157 Third Street N.E.
Weyburn, Saskatchewan
S4H 2K6

Position Applied For _____ Permanent ☐ Casual ☐ Summer ☐

Department _____

Name in Full

Last Name *First Name* *Middle Initial*

Present Address _____

_____

Social Insurance Number

Phone Number *Home* _____

Work _____

Date of Birth ____ / ____ / ____
MM DD YY

Do you have a Driver's License? Yes ☐ No ☐ **If Yes, indicate if other than Class 5** _____

Is your Ability to Perform your Duties likely to be Affected by a Current or Previous Physical or Mental Disability? Yes ☐ No ☐ **If Yes, Please Explain** _____

_____

Do you have any Relatives Employed by the City? Yes ☐ No ☐

If Yes, Please List Name and Department _____

EDUCATION

	Name and Location	From (Year)	To (Year)	Course of Study	Highest Grade Completed	Diploma/Degree Received
Elementary School						
High School						
University						
Business College						
Technical or Trade School						

OTHER (SPECIFY)						

IF YOU ARE A LICENSED PROFESSIONAL OR JOURNEYMAN, PLEASE GIVE DETAILS _____

ARE YOU A MEMBER OF ANY TECHNICAL/PROFESSIONAL ORGANIZATION RELATED TO YOUR LINE OF EMPLOYMENT?
YES ☐ NO ☐ IF YES, PLEASE GIVE DETAILS _____

IF REQUIRED, ARE YOU WILLING TO WORK: SHIFT WORK _____ NIGHTS _____
SUNDAYS _____ OVERTIME _____

PREVIOUS EMPLOYERS

NAME AND ADDRESS	FROM	TO	POSITION/DUTIES	REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ☐ NO ☐
DATE AVAILABLE OR NOTICE REQUIRED _____

COMMENT ON ASPECTS OF YOUR EXPERIENCE OR EDUCATION RELEVANT TO THE POSITION _____

PLEASE NOTE THAT BEFORE APPOINTMENT TO A PERMANENT POSITION, YOU MAY BE REQUIRED TO HAVE A COMPLETE MEDICAL EXAMINATION IF YOU ARE THE SUCCESSFUL APPLICANT. THE CITY RESERVES THE RIGHT TO REFUSE EMPLOYMENT IF A MEDICAL EXAMINATION REVEALS A HEALTH CONDITION THAT INTERFERES WITH YOUR ABILITY TO PERFORM THE WORK THAT IS REQUIRED.

I CERTIFY THAT THE STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF ANY OF THESE STATEMENTS ARE FOUND TO BE UNTRUE, THIS APPLICATION MAY BE REJECTED.

DATE _____ **SIGNATURE** _____

OFFICE USE ONLY