

Date Received



## APPLICATION FOR EMPLOYMENT

Submit a separate application for each position to the following:

### Special Areas Board

Box 820  
Hanna, Alberta, Canada  
T0J 1P0 403/854-5600  
Fax 403/854-5527

The information requested on this form does not contravene The Individual's Rights Protection Act. The Special Areas Board is an equal opportunity employer and employment with the Board is based on merit without regard to race, religious beliefs, colour, age, sex, physical disability, ancestry, place of origin or marital status.

Position Applied For	Competition Number	How did you become informed of this competition? Specify name of Newspaper.	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
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### personal data

Surname		First		Middle	
NAME					
Box No.		City or Town		Province	
ADDRESS					
Home		Business		Are you over the age of 16?	
PHONE				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you accept initial employment anywhere in the Special Areas. Yes <input type="checkbox"/> No <input type="checkbox"/>				Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Give location preference _____				If successful, date available for employment	

### education

Highest grade completed in school   High School Diploma  Academic  General  Business Education  Industrial

TRADE, TECH., BUSINESS, OTHER INSTITUTION	COURSE	Certificate or Diploma	Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>	Started	Left
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	mo   yr	mo   yr
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	mo   yr	mo   yr
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	mo   yr	mo   yr

(Trade Certificate Number)  INTERPROVINCIAL CERTIFICATE Yes  No

UNIVERSITY OR COLLEGE INSTITUTION	MAJOR	DEGREE	Complete <input type="checkbox"/>	Incomplete <input type="checkbox"/>	Started	Left
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	mo   yr	mo   yr
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	mo   yr	mo   yr
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	mo   yr	mo   yr

FOR OFFICE USE ONLY

# employment history

Begin with most recent employment and account for complete employment record.

EMPLOYER .....

ADDRESS .....

TELEPHONE .....

DATE OF EMPLOYMENT From      |      To      |       
Mo Yr Mo Yr

SALARY Start Final

Number of employees you supervised .....

Name of immediate supervisor .....

Reason for seeking other employment

Your position and duties

EMPLOYER .....

ADDRESS .....

TELEPHONE .....

DATE OF EMPLOYMENT From      |      To      |       
Mo Yr Mo Yr

SALARY Start Final

Number of employees you supervised .....

Name of immediate supervisor .....

Reason for seeking other employment

Your position and duties

EMPLOYER .....

ADDRESS .....

TELEPHONE .....

DATE OF EMPLOYMENT From      |      To      |       
Mo Yr Mo Yr

SALARY Start Final

Number of employees you supervised .....

Name of immediate supervisor .....

Reason for seeking other employment

Your position and duties

## employment history (continued)

EMPLOYER .....

ADDRESS .....

TELEPHONE .....

DATE OF EMPLOYMENT From      |      To      |       
Mo Yr Mo Yr

SALARY Start      Final     

Number of employees you supervised .....

Name of immediate supervisor .....

Reason for seeking other employment

Your position and duties

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EMPLOYER .....

ADDRESS .....

TELEPHONE .....

DATE OF EMPLOYMENT From      |      To      |       
Mo Yr Mo Yr

SALARY Start      Final     

Number of employees you supervised .....

Name of immediate supervisor .....

Reason for seeking other employment

Your position and duties

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## references

Previous name(s) if applicable

Give the names of two persons preferably business or work associates. (Exclude relatives) Recent students may use teachers or professors.

Name	Address	Occupation	Telephone No.	Years Known

I authorize you to obtain references from my past  and present  employers.

\_\_\_\_\_  
 (Signature)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## general information

Membership in Professional Organization; publications

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Related Volunteer Work

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This space is for your convenience in furnishing additional information which you would like to bring to our attention.

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## declaration

I certify that the statements made by me in this application are true and complete. I understand and agree that a false statement may disqualify me from employment, or result in dismissal.

It is understood that if employed I will accept all conditions of employment as set out by the Special Areas Board.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE