

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	Postal Code
ADDRESS			
Home	Business	Email:	
PHONE			
Would you accept initial employment anywhere in the Special Areas. Yes <input type="checkbox"/> No <input type="checkbox"/> Give location preference _____		Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you over the age of 16? Yes <input type="checkbox"/> No <input type="checkbox"/> 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	mo yr mo yr
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	mo yr mo yr	mo yr mo yr
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	mo yr mo yr	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	mo yr mo yr
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	mo yr mo yr	mo yr mo yr
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	mo yr mo yr	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

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Reason for seeking other employment

Your position and duties

EMPLOYER

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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

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: _____

