

APPLICATION FOR SEASONAL EMPLOYMENT



TOWN OF NEEPAWA

Po Box 339 ▪ Neepawa, MB ▪ R0J 1H0
Phone (204) 476-7600 ▪ Fax (204) 476-7624
www.neepawa.ca ▪ info@neepawa.ca

PLEASE PRINT CLEARLY GIVING ALL INFORMATION REQUESTED ON THIS FORM

PERSONAL INFORMATION

Name: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

Department Desired: Parks Cemetery Public Works Office Pool Day camp

Length of Time Desired: Full Time Part Time Earliest Start Date: _____

Legally entitled to work in Canada: Yes No

Have you ever been employed by the Town: Year: _____ Position: _____

EDUCATION

Highschool Highest Level Completed: _____ Diploma Received: _____

University Name of School: _____ Course/Major: _____

College Name of School: _____ Course: _____

LANGUAGES

Indicate with an (X) languages used:

English: Written

Other: _____

Written

Spoken

Spoken

EMPLOYMENT

List previous employment in order, beginning with the present or last employer.

Employer: _____ Position: _____

Address: _____ Phone: _____

Date Started: _____ Date Left: _____

Duties Performed: _____

Reason for Leaving: _____

Employer: _____ Position: _____

Address: _____ Phone: _____

Date Started: _____ Date Left: _____

Duties Performed: _____

Reason for Leaving: _____

Please explain any gaps in employment history: _____

Can we contact your present employer for a reference check? Yes No Contact Me First

Last employer? Yes No Contact Me First

Were you ever dismissed or asked to resign from any position? Yes No

If yes, please give details: _____

Do you have a valid MB Class 5 Drivers' Licence and transportation? Yes No

Application Instructions

Applicants are advised that an offer of employment will be contingent upon the following:

1. Obtaining a satisfactory employment reference check.
2. Passing a physical examination, if required.
3. Submitting proof of education, certificates, etc., if requested.
4. Submitting a copy of your driving record (driver's abstract), at your expense, if requested.

Declaration

Do you currently have a physical disability, nervous disorder or chronic disease that would limit your ability to perform duties applied for?

Please Specify: _____

I declare the foregoing information to be true and complete to the best of my knowledge and understand that any misrepresentation or omission may result in dismissal if I am employed.

If employed, I agree to abide by the policies, procedures and working conditions established by the Town of Neepawa.

I HEREBY AUTHORIZE THE TOWN OF NEEPAWA TO CONDUCT A PERSONAL INVESTIGATION IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT.

Name: _____

Date: _____

Signature: _____