Employment Application Form

APPLICANT INFORMATION	1					
FIRST NAME:			LAST NAME:			
MAILING ADDRESS:		L				
CITY:		F	PROVINCE: POSTAL CODE:			
PRIMARY TELEPHONE:		,	ALTERNATE TELEPHONE:			
EMAIL:						
Are you legally eligible to wor		YES 🗆 NO 🗆				
Are you of legal age to work i	in your province?		YES NO			
Have you interviewed with Bi	g Lakes County be	efore?	YES NO			
Have you worked for Big Lake If yes, please specify: PC		YES □ YEAR(S)	NO 🗆 I:			
Big Lakes County has an anti-nepotism policy, which is aimed at reducing actual and potential conflicts of interest related to reporting relationships and working positions. Please list the names of current County employees who are related to you:						
Position desired:						
☐ Full-time						
			Available:			
☐ Temporary/Seasonal Dates Available:						
EDUCATION						
TYPE OF SCHOOL	HIGHEST GRA COMPLE			IE OF SCHOOL AN E OF STUDY OR N		DATE ATTENDED (Start Date – End Date)
High School or Equivalent	□9 □10 □11	□12 □13				_
College Or University	□1 □2 □3 □-	4				_
Vocational/Trade School						-
Other						_
List any other certifications or licenses you currently possess:						



List all equipment operated:						
Major skills:						
Wajer skins.						
WORK EXPERIENCE						
☐ Please see attached resur	me or	Start with yo	ur most recent employ	er below:		
POSITION ONE						
	DATE (YEAR)		DOCITION			
COMPANY	FROM	ТО	POSITION	REASON FOR LEAVING		
COMPANY NAME:						
COMPANY PHONE NUMBER:						
DUTIES & RESPONSIBILITIES:						
MAY WE CALL YOUR SUPER	/ICOD2	YES 🗆 NO [
If yes,						
SUPERVISOR'S NAM	ΛE	CONTACT INF	ORMATION			
POSITION TWO						
COMPANY	DATE (YEAR)		POSITION	REASON FOR LEAVING		
COMPANY NAME:	FROM	ТО				
COMPANY PHONE NUMBER:						
DUTIES & RESPONSIBILITIES:						
MAY WE CALL YOUR SUPER\	/ISOR?	YES 🗆 NO 🛭				
If yes,		CONTACT INFORMATION				

POSITION THREE

COMPANY	DATE (YEAR)		POSITION			
	FROM	ТО	POSITION	REASON FOR LEAVING		
COMPANY NAME:						
COMPANY DUONE NUMBER.	-					
COMPANY PHONE NUMBER:						
DUTIES & RESPONSIBILITIES:						
MANAME CALL VOLID CLIDED	(ICOD)	VEC EL NO E				
MAY WE CALL YOUR SUPERV If yes,		YES 🗆 NO 🗆	J			
SUPERVISOR'S NAME CONTACT INF			ORMATION			
REFERENCES						
Reference checks will be con	iducted to asse	ess vour past w	ork performance and n	nay include checks of attendance		
			•	, you may wish to provide further		
references. If any references	have known y	ou by a previo	us name, please specify	' .		
FULL NAME:			RELATIONSHIP:			
COMPANY:			PHONE:			
ADDRESS:						
FULL NAME:			RELATIONSHI	o:		
COMPANY:			PHONE:			
ADDRESS:						
FULL NAME.			RELATIONSHIE	o:		
FULL NAME: COMPANY:			PHONE:			
ADDRESS:						
APPLICANT SIGNATURE						
	basisia a Thia aa	-1:+::-	- list on the second second			
				authorization, is signed or written in onsent that as a condition of being		
considered for employment at B				will be obtained from your current		
and previous employers.						
				/ resume is true and complete. resume is found to be untrue or		
				st cause in the event that I am		
the successful applicant.		•				
Date			Applicant's Signatu	ire		
Earliest Available Start Date						

Submit Application and/or Resume to:

Eunice McCauley Human Resources Manager **Big Lakes County** Box 239, High Prairie, AB TOG 1E0 Ph: 780-523-5955 Fx: 780-523-4227 humanresources@biglakescounty.ca

Big Lakes County thanks all applicants for their interest; however, only those selected for an interview will be Contacted. Visit our website at www.biglakescounty.ca for more information.

