



## BIG LAKES COUNTY

5305-56 Street Box 239, High Prairie, AB T0G 1E0  
T (780) 523-5955 F/ (780) 523-4227

### Employment Application Form

PLEASE COMPLETE REQUESTED INFORMATION (PLEASE PRINT OR TYPE)

| <i>Applicant Information</i>  |                           |              |
|---|---------------------------|--------------|
| Full Name:  |                           |              |
| Address:  |                           |              |
| City:   | Province:                 | Postal Code: |
| Primary Number: (    )  | Cell Phone Number: (    ) |              |
| Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                           |              |
| Are you of legal age to work in your province? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                           |              |
| Have you ever interviewed with Big Lakes County? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                           |              |
| Have you ever worked for us before? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                           |              |
| If yes: Position  | Year(s)                   |              |
| 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: |                           |              |

### TELL US WHAT YOU ARE LOOKING FOR:

|   |                 |
|---|-----------------|
| Position Desired:                             |                 |
| <input type="checkbox"/> Full-time            | Days Available: |
| <input type="checkbox"/> Part-time            |                 |
| <input type="checkbox"/> Temporary / Seasonal |                 |
| Dates Available:                              |                 |



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### TELL US ABOUT YOUR EDUCATION:

| <i>Type of School</i>  | <i>Highest Grade/ Year Completed</i> | <i>Name of School and Course of Study or Major</i> | <i>Date Attended</i> |
|--|--------------------------------------|--|----------------------|
| 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:                                     |                                      |  |                      |
| Other:   |                                      |  |                      |



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### TELL US ABOUT YOUR PAST JOBS:

Please see attached resume OR  Start with your most recent employer below.

| <i>Position One</i>   |                                 |
|---|---------------------------------|
| Where did you work? (include name of company and phone number)                        |                                 |
| Start Date:   | End Date:                       |
| What was your position?   |                                 |
| What were your duties/responsibilities in this position?                              |                                 |
| Why did you leave?  |                                 |
| May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No | Supervisor Name:                |
|   | Supervisor Contact Information: |
| <i>Position Two</i>   |                                 |
| Where did you work? (include name of company and phone number)                        |                                 |
| Start Date:   | End Date:                       |
| What was your position?   |                                 |
| What were your duties/responsibilities in this position?                              |                                 |
| Why did you leave?  |                                 |
|   | Supervisor Name:                |



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|   |  |                                 |  |
|---|--|---------------------------------|--|
| May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                 |  |
|   |  | Supervisor Contact Information: |  |
| <b>Position Three</b>   |  |                                 |  |
| Where did you work? (include name of company and phone number)                        |  |                                 |  |
| Start Date:   |  | End Date:                       |  |
| What was your position?   |  |                                 |  |
| What were your duties/responsibilities in this position?                              |  |                                 |  |
| Why did you leave?  |  |                                 |  |
| May we call your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No |  | Supervisor Name:                |  |
|   |  | Supervisor Contact Information: |  |

### REFERENCES:

| Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify. |             |              |                  |
|--|-------------|--------------|------------------|
| Name   | Telephone # | Relationship | # of Years Known |
|  |             |              |                  |
|  |             |              |                  |
|  |             |              |                  |



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### APPLICANT SIGNATURE:

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| <p>Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below.</p> <p>Your authorization on this application form is your consent that as a condition of being considered for employment at Big Lakes County, references about past work performance will be obtained from your current and previous employers.</p> <p><i>I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.</i></p> |  |                                      |  |
| <b>Signature</b>  |  |                                      |  |
| <b>Date Signed</b>  |  | <b>Earliest Available Start Date</b> |  |
|   |  |                                      |  |

### SUBMIT APPLICATION AND OR RESUME TO:

Eunice McCauley  
Human Resources Manager  
Big Lakes County  
Box 239, High Prairie, AB T0G 1E0  
Ph: 780-523-5955 Fx: 780-523-4227  
[humanresources@biglakescounty.ca](mailto: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](http://www.biglakescounty.ca) for more information.