

CITY OF NEW WESTMINSTER

HUMAN RESOURCES DEPARTMENT
511 ROYAL AVENUE
NEW WESTMINSTER, BC V3L 1H9
PH. (604) 527-4605
FAX: (604) 527-4619
www.newwestminster.ca

POSITION APPLIED FOR	JOB VACANCY NUMBER
Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/>	DATE OF APPLICATION
(Surname) (First) (Middle)	HOME TELEPHONE
ADDRESS	BUSINESS TELEPHONE
(No.) (Street) (City)	
(Province) (Postal Code)	

LIST ANY NAME CHANGES:

ARE YOU LEGALLY ELIGIBLE TO BE EMPLOYED IN CANADA? (YOU MUST BE A CANADIAN CITIZEN OR A LANDED IMMIGRANT)

YES NO

If "other" please explain:

ARE YOU NOW OR HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF NEW WESTMINSTER? YES NO

If "yes", give dates and details:

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CITY OF NEW WESTMINSTER? YES NO

If "yes", give name, relationship and department:

DO YOU POSSESS A VALID B.C. DRIVER'S LICENSE? YES NO AIR BRAKE ENDORSEMENT? YES NO

LICENSE NO. _____ PROVINCE _____ CLASS: 1 2 3 4 5 RESTRICTIONS _____

HAVE YOU HAD FIRST AID TRAINING? YES NO CERTIFICATE EXPIRY DATE: _____

If "yes", please give details:

DO YOU HAVE ANY DISABILITY WHICH MAY AFFECT YOUR ABILITY TO PERFORM THE DUTIES OF THE POSITION(S) APPLIED FOR?

YES NO If "yes", please explain:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE WHICH MAY BE RELATED TO THE POSITION(S) APPLIED FOR?

YES NO If "yes", please explain:

PLEASE LIST COMPUTER APPLICATIONS/SOFTWARE WHICH YOU ARE TRAINED OR EXPERIENCED IN:

KEYBOARDING SPEED: _____ WPM LAST TEST DATE: _____

EDUCATION

NAME SCHOOL/ INSTITUTE AND LOCATION	COURSE PROGRAM, MAJOR	CREDITS, DIPLOMA, DEGREE ATTAINED	DATES	
			STARTED	COMPLETED
Secondary or High School				
Vocational or Trade School				
Technological or College				
University				
Post Graduate or Other				
Special Courses	Course content, Duration, etc.			

IF YOU ARE A LICENSED PROFESSIONAL OR JOURNEYMAN TRADESMAN GIVE DETAILS:	PROVINCE ISSUED:	YEAR
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MEMBERSHIP(S) IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS:

EMPLOYMENT HISTORY (IN CHRONOLOGICAL ORDER - STARTING WITH MOST RECENT)

Present or Last Employer		Date Started	Date Ended	Salary
Address of Employer	Telephone Number	Position Title		
Duties		Supervisor's Name		
		Supervisor's Title		
Reason for Leaving				

Employer		Date Started	Date Ended	Salary
Address of Employer	Telephone Number	Position Title		
Duties		Supervisor's Name		
		Supervisor's Title		
Reason for Leaving				

Employer		Date Started	Date Ended	Salary
Address of Employer	Telephone Number	Position Title		
Duties		Supervisor's Name		
		Supervisor's Title		
Reason for Leaving				

WHAT ATTRACTS YOU TO THE POSITION FOR WHICH YOU ARE APPLYING?

ADDITIONAL EXPERIENCE, ACCOMPLISHMENTS, SKILLS, HOBBIES AND OTHER COMMENTS:

I HEREBY CERTIFY that this application contains no willful misrepresentation or falsification and that all the information provided is correct to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I may be disqualified from applying in the future for any position with the City Of New Westminster.

DATE

SIGNATURE OF APPLICANT

GENERAL APPLICATIONS ARE KEPT ON FILE FOR 3 MONTHS

Personal information contained on this form is collected under the Municipal Act and will be used only for processing this application. If you have any questions regarding the collection of this personal information, please contact the Director, Legislative & Information Services, City Clerk's Office, 511 Royal Avenue, New Westminster, BC Ph. 604-527-4523.