



APPLICATION FOR EMPLOYMENT

EXTERNAL APPLICANT

Note: Applicants are short listed based on the information provided in this form and resume if attached.

Important: Please read the following instructions before completing this application.

1. The City of Port Coquitlam collects this information in accordance with the *Freedom of Information and Protection of Privacy Act* and under the authority of the *Local Government Act* to determine your eligibility for employment.
2. If you are submitting a general application (i.e. not for a specific competition) you must fill in the **POSITION APPLIED FOR** box below.
3. You must submit a separate application form for each job competition you wish to apply for.
4. **If you are attaching your resume, please complete only those areas not already covered in your resume.**

FOR CURRENT JOB OPPORTUNITIES, VISIT OUR WEBSITE AT: www.portcoquitlam.ca/jobs

PERSONAL INFORMATION			
Position Applied for:			Competition No.:
Last Name:		First Name:	
Home Phone:		Cellular:	Do you meet the legal age requirement to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	City:	Province:	Postal Code:
Work Phone:		Pager:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION					
Name and location of Secondary or High School:			Dates: Started/Completed	Did you Graduate? Yes No	
Name and location of Post Secondary Institute (College or University):			Course Program/Major Field:	Degree, Diploma, Credits or Certificate attained:	Dates: Started/Completed
Name and location of Other Institution (Trades or Technical):			Course Program/Major Field:	Degree, Diploma, Credits or Certificate attained:	Dates: Started/Completed
If any educational certification if from outside Canada, has it been assessed for equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you will be required to provide certified equivalency documents)					
What courses are you currently enrolled in?					

EMPLOYMENT HISTORY (Start with the most recent)

1. Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving:

Primary Duties:

2. Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving:

Primary Duties:

3. Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving:

Primary Duties:

OTHER EMPLOYERS OR VOLUNTEER WORK EXPERIENCE	Address	Position	From		To	
			YY	MM	YY	MM

PLEASE EXPLAIN BREAKS IN EDUCATION OR EMPLOYMENT HISTORY

TICKETS / LICENCES / CERTIFICATES / MEMBERSHIPS OBTAINED	Province Issued	Year

ADMINISTRATIVE SUPPORT EXPERIENCE					
Computer Software Applications Used:	Courses taken? Yes No		Level of Expertise		
			<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
			<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
			<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
			<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Other Skills: Typing Speed: _____ wpm <input type="checkbox"/> Switchboard <input type="checkbox"/> Cash Systems <input type="checkbox"/> Shorthand/Speed Writing					
<input type="checkbox"/> Front Counter <input type="checkbox"/> Dictaphone <input type="checkbox"/> Data Entry _____ wpm <input type="checkbox"/> Other:					

GENERAL INFORMATION			
Have you previously been employed with the City of Port Coquitlam?		Are you legally entitled to work in Canada? (i.e. Citizen, Landed Immigrant)	
<input type="checkbox"/> Yes – previous position: _____		<input type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Work Desired: <input type="checkbox"/> Full Time, <input type="checkbox"/> Part Time, <input type="checkbox"/> Temporary, <input type="checkbox"/> Seasonal, or <input type="checkbox"/> Student (Summer)			
Valid Driver's Licence?	Province:	Driver's Licence Class:	Air Brakes?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of a criminal offence for which a pardon has not been granted <input type="checkbox"/> Yes <input type="checkbox"/> No
Answering YES will not necessarily affect consideration of your application. Offences related to your intended employment will be reviewed

Do you have any relatives who are employed by the City of Port Coquitlam? <input type="checkbox"/> Yes <input type="checkbox"/> No. If YES , please list. This information is required for the City to determine if there is a potential conflict of interest in the area of work you have applied for or may be considered for.			
Name	Relationship	Position	Department

ALL APPLICANTS							
Please indicate the days and hours you are available for work							
	MON	TUES	WED	THURS	FRI	SAT	SUN
HOURS:							

APPLICATION'S DECLARATION

Please read carefully before signing

I hereby understand:

1. That omissions or misrepresentations made on this application or other documentation and/or tests related to employment will be sufficient cause for cancellation of my application and, if employed, for dismissal from the City of Port Coquitlam.
2. That if required, I will provide proof of education, certificates, licences and current driver's abstract.
3. The City of Port Coquitlam will conduct a criminal record check.
4. There will be a probationary work period during which my performance and suitability for the position will be reviewed.
5. That my signature below grants the City permission to contact references as provided by me during the recruitment process.

Applicant's Signature

Please Print Name

Today's Date

Please attach additional pages if there is any aspect of your application on which you wish to elaborate.

Mail to:

City of Port Coquitlam
Human Resources Division
2580 Shaughnessy Street
Port Coquitlam, B.C.
V3C 2A8

Apply in person at:

City Hall - Human Resources
2580 Shaughnessy Street
Port Coquitlam
Monday to Friday, 8:30 a.m. – 4:30 p.m.

Fax to:

604.927.5454

Email* to:

humanresources@portcoquitlam.ca

*signature will be required at time of interview

The information requested on this form is collected under authority of the *Freedom of Information and Protection of Privacy Act*, for the purpose of managing human resources records. Certain information will be made available to federal and provincial departments and agencies under appropriate legislative authority. For further information about the collection and use of this information, contact Manager, Human Resources at 604.927.5417.