



EMPLOYMENT APPLICATION

2580 Shaughnessy Street
 Port Coquitlam BC V3C 2A8
 Tel 604.927.5417 Fax 604.927.5454
 Visit our website at www.portcoquitlam.ca

GENERAL INFORMATION

Position or Type of Work Preferred	Job Opportunity No.	Date
Last Name	First Name	Middle Name
Address Street	City	Province/Postal Code
Phone Residence Business	Are you legally entitled to work in Canada? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever been convicted of a criminal offense that may be related to the position applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> Comments: _____ _____ _____
Desired Employment Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Summer <input type="checkbox"/>	Temporary <input type="checkbox"/> Date Available for Work	

LICENSES/TICKETS/MEMBERSHIPS

Trades Qualification/License Year Issued	Professional/Technical Assoc. Membership	Valid Driver's License Class _____ Air Brake Endorsement Yes <input type="checkbox"/> No <input type="checkbox"/>
First Aid Ticket	Level	Expiry Date

EDUCATION/TRAINING

NAME/LOCATION OF SCHOOL	COURSE, PROGRAM, MAJOR	CREDIT, DIPLOMA, DEGREE ATTAINED
Secondary or High School		
Vocational, Trade, Technical School		
University		
Post Graduate		
Other		

SKILLS

OFFICE/CLERICAL/COMPUTER	Microsoft Word 0	Other _____
Switchboard _____	Excel 0	Typing Speed _____ wpm
Cash Register _____	Powerpoint 0	Calculator _____
EQUIPMENT/VEHICLES		
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY *(Please begin with your present/most recent position and include any volunteer work.)*

From _____	To _____	Duties _____
Position _____		_____
Company Name _____		_____
Address _____		_____

Reference Name	Position	Phone
Reason for Leaving		

From _____	To _____	Duties _____
Position _____		_____
Company Name _____		_____
Address _____		_____

Reference Name	Position	Phone
Reason for Leaving		

From _____	To _____	Duties _____
Position _____		_____
Company Name _____		_____
Address _____		_____

Reference Name	Position	Phone
Reason for Leaving		

In compliance with the Freedom of Information/Protection of Privacy Act, the information collected on this application will be used to determine eligibility for employment.

READ CAREFULLY BEFORE SIGNING

I hereby certify that:

- The information given on this application is true and correct. I understand that any falsification or omission of information called for may be grounds for dismissal.
- The City of Port Coquitlam may conduct a criminal records check and offer of employment is conditional on a satisfactory criminal records check.
- There will be a probationary work period during which my performance and suitability for the position will be reviewed.

APPLICANT'S SIGNATURE	DATE
-----------------------	------