



Municipal District of Wainwright No.61

717-14th Avenue Wainwright, Alberta T9W 1B3 (780)842-4454 Fax (780) 842-2463

M.D. Shop Phone (780) 842-4024 Fax (780) 842-4110

JOB APPLICATION FORM

PERSONAL INFORMATION

Name: _____ Phone Number: () _____

Address: _____

Applying for: Operator Labourer Construction Driver Shop

Check the Equipment that you have had experience Operating:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Single Axle Truck | <input type="checkbox"/> Highway Truck & Trailer | <input type="checkbox"/> Farm Tractor | <input type="checkbox"/> Crawl Tractor |
| <input type="checkbox"/> Scraper | <input type="checkbox"/> Packer | <input type="checkbox"/> Tandem Truck | <input type="checkbox"/> Forklift |
| <input type="checkbox"/> Grader | <input type="checkbox"/> Wheel Loader | <input type="checkbox"/> Chain Saw | <input type="checkbox"/> Lawn Mower |

Other (please specify): _____

Years Operating: _____

Drivers License Class: _____

First Aid Expiry: _____

Education/Trade Certificate(s): _____

ADDITIONAL INFORMATION

Please provide any pertinent information about your skills and abilities that are relevant to the position you have applied for.

EMPLOYMENT HISTORY:

1. Job Title: _____
From _____ To _____
Name/Address of Employer _____

Phone # of Supervisor/Employer: _____

2. Job Title: _____
From _____ To _____
Name/Address of Employer _____

Phone # of Supervisor/Employer: _____

REFERENCES

1. Name: _____ 2. Name: _____
Occupation: _____ Occupation: _____
Phone Number () _____ Phone Number () _____

CERTIFICATION

This personal information is being collected under the authority of Section 32C of Freedom of Information and Protection of Privacy Act, and will be used for payroll purposes. If you have any questions about the collection, contact Administrator or Assistant Administrator at 842-4454.

Signature

Date