

## Municipal District of Wainwright No. 61

717 – 14<sup>th</sup> Avenue, Wainwright, Alberta T9W 1B3

Administration Office Phone: 780-842-4454 Fax: 780-842-2463 **Public Works Shop Phone: 780-842-4024** Fax: 780-842-4110

## **Job Application Form**

## **Personal Information**

Name:	P	hone Number:		
Applying For: Ope	erator Labourer (	Construction Tr	ruck Driver	
Check the equipment th	nat you have had experience o	perating:		
Single Axle Truck	Highway Truck & Trailer	Farm Tractor	Crawl Tractor	
Scraper	Packer	Tandem Truck	Forklift	
Grader	Wheel Loader	Chain Saw	Lawn Mower	
Other (Please Specify):	_			
Years Operating:				
Drivers License Class:		First Aid Expiry:		
Education/Trade Certific	cate(s):			
Additional Informatio	<u>nn</u>			
Please provide any peri position you have applied	tinent information about you d for:	ur skills and abilities t	hat are relevant to the	

## **Employment History**

1.	Job Title:				
	From:	То			
	Name/Address	s of Employer:			
	Phone Numbe	r of Supervisor/Employer			
2.	Job Title:				
		To			
	Name/Address	s of Employer:			
	Phone Numbe	r of Supervisor/Employer _			
<u>Ref</u>	erences				
1.	Name:		2.	Name:	
				Occupation:	
		r:		Phone Number:	
<u>Cer</u>	<u>tification</u>				
Info	rmation and Pr	mation is being collected unotection of Privacy Act, and collection, contact the Adm	d will be	used for payroll purpor	ses. If you have any
		Signature		·	Date