

Date of Application:		Social Insurance Number:	
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Personal Information:

Name:		Date of Birth:	
Street Address:			
Town/City:		Postal Code:	
Home Phone:		Cell Phone:	
Email Address:			

Employment or Position Desired:

Position:	
Date you can start:	
Salary or wage desired:	
Are you currently employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, may we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have you applied with the Town of Viking before:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, when?	

Education:

	Name & location of School:	Dates Attended:	Date Graduated:	Subjects Studied:
High School				
College				
Trade or Business School				
University				

Training (For example, First Aid/CPR, WHIMIS, Safety Courses, Business Skills Development, Other.)

Name of course:	Location of course"	Date of course:	Course completed:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Former Employers (List below, starting with the most recent.)

Start/End Date:	Name & Address of Employer:	Salary/Wage:	Position:	Reason for leaving:
Start: _____ End: _____				
Start: _____ End: _____				
Start: _____ End: _____				
Start: _____ End: _____				

Other Skills:

Interests:

References:

Name:	Address:	Business:	Years known:

I authorize the Town of Viking to contact any former employer or personal references provided, for the purpose of this Application for Employment. I understand the information provided to be true. I understand the Town of Viking will not hold or retain my application for future positions or employment.

Date:		Signature:	
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Town Use Only:

Date Received:		Received by:	
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