

Date of Application:	
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**Personal Information:**

Name:			
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.

<b>Date:</b>		<b>Signature:</b>	
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*Town Use Only:*

<b>Date Received:</b>		<b>Received by:</b>	
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