



District of Hudson's Hope

9904 Dudley Drive, Box 330, Hudson's Hope, BC V0C 1V0
 Telephone: (250) 783-9901 Fax: (250) 783-5741
 E-mail: district@hudsonshope.ca www.hudsonshope.ca

EMPLOYMENT APPLICATION

SURNAME	FIRST NAME	MIDDLE	
ADDRESS	CITY	PROV	POSTAL CODE
		TELEPHONE	
		Home	
		Cell	

Are you legally authorized to work in Canada? ___ Yes ___ No

If no, and you are selected for employment, you will be required to submit proof of work authorization issued by Canada Employment and Immigration

Do you have any disability or health condition which may interfere with your ability to perform the duties of the position applied for? ___ Yes ___ No Please specify:

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EDUCATION & TRAINING (if attaching resume, do not complete this section)

	Name/Location	Dates Attended	Course/Major	Grade/Degree/Diploma
Secondary/High School				
Technical/Business				
University				
Other				

EMPLOYMENT HISTORY (if attaching resume, do not complete this section)

1.	EMPLOYER AND LOCATION:	FROM:	TO:
	SUPERVISOR'S NAME:		PHONE NUMBER:
	POSITION:		REASON FOR LEAVING:
	MAJOR DUTIES:		

2.	EMPLOYER AND LOCATION:	FROM:	TO:
	SUPERVISOR'S NAME:	PHONE NUMBER:	
	POSITION:	REASON FOR LEAVING:	
	MAJOR DUTIES:		
3.	EMPLOYER AND LOCATION:	FROM:	TO:
	SUPERVISOR'S NAME:	PHONE NUMBER:	
	POSITION:	REASON FOR LEAVING:	
	MAJOR DUTIES:		

SKILLS Provide the following information if relevant to the position you are applying for:

Typing: _____ WPM Computer system software: _____

List class of valid BC driver's license: _____ Air brake endorsement ____ Yes ____ No

Types of equipment or machinery operated: _____

Read Carefully Before Signing

In the event of a grievance relating to a job competition in which I participated, I consent to the release of information contained in this application and the competition results for any purpose related to the grievance.

I certify the information provided on this application or attachments/resume is true and complete and hereby authorize The District of Hudson's Hope to contact any references or employers listed above to verify the information submitted, unless otherwise indicated. I understand that if any information in this application or attachments/resume is found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event I am the successful applicant.

Applicant's Signature: _____ Date: _____

This information is collected for the administrative and/or operational functions of the District of Hudson's Hope as authorized by the Local Government Act. This information has been collected, and will be used and maintained, in accordance with the Freedom of Information and Protection of Privacy Act. Should you have any questions about the above please contact Carolyn Bonnick at (250) 783-9901.