

Mackenzie County EMPLOYMENT APPLICATION

Position applied for: _____

Position type: Full-Time Part-Time Temporary Casual

Name: _____

Address: _____ Phone: _____

City: _____ Cell: _____

Province: _____ Postal Code: _____ Email: _____

If the position you are applying for requires you to drive please complete the following:

Do you have your own transportation? Yes No

Do you have a valid driver's license? Yes No Class: _____

Education

	Name of School	From		To		Program type/ related courses	Grade/degree/ diploma/ certificate completed
		Mo.	Yr.	Mo.	Yr.		
Secondary/ High School							
University							
College/ technical							
Trade or other							

Employment History *(Start with the most recent employer)*

Employer: _____

Supervisor: _____ Phone: _____

Employed from _____ to _____ Position title: _____

Duties: _____

Reason for seeking other employment: _____

Employer: _____

Supervisor: _____ Phone: _____

Employed from _____ to _____ Position title: _____

Duties: _____

Reason for seeking other employment: _____

Employer: _____
Supervisor: _____ Phone: _____
Employed from _____ to _____ Position title: _____
Duties: _____

Reason for seeking other employment: _____

Please provide a summary of any significant work experience, volunteer or otherwise, that is most relevant to the position.

If Mackenzie County has previously employed you, please provide the

Position: _____
Location: _____ Length of employment: _____

Skills and Training Please check those that relate to the position you are applying for

- Office: Access Excel PowerPoint Word
Truck: Single Axel Tandem Axel Tractor/Trailer
Equipment: Skidsteer Chainsaw Grade Loader
 Mower Weed Eater
Certification: CPR/First Aid Pesticide Applicator's License
Other Please specify _____

References

May we contact your present employer? Yes No

Please provide two references, preferably business or work associates (excluding relatives) in a supervisory position. Recent students may use teachers or professors.

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

I certify that the statements made by me in this application and verbally are true and complete. I understand and agree that a false statement may disqualify me from this competition employment with Mackenzie County. I understand that if employed I accept and respect all conditions of employment as set out by Mackenzie County.

Signature: _____ Date: _____

The personal information on this form is collected in accordance with section 33 of the Freedom of Information and Protection of Privacy (FOIP) Act for the purpose of processing this application. This information may be used for Human Resources programs such as compensation and education for employees. If you have any questions regarding the collection, use or disclosure of this information, please contact the FOIP Coordinator at (780) 927-3718.