

**TOWN OF SMITHERS  
EMPLOYMENT APPLICATION**

This application will be kept on file for one month or until the position is filled.

C.U.P.E. Local 1570 represents all employees of the town. All new employees, when employed, shall, prior to the commencement of employment, sign a union card and authorization for the deduction of union dues. Union dues are deducted commencing with the second pay period if employment is continued. All group benefits are compulsory after the appropriate waiting period.

(Please print - Attach extra sheets if more space is needed)

Position applied for: \_\_\_\_\_

Ms.  Miss  Mrs.  Mr.  \_\_\_\_\_  
(Last name) (First name) (Middle initial)

Mailing Address: \_\_\_\_\_

Telephone: (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

BC Driver's Licence: Yes  No  Class \_\_\_\_\_ Air Brake No. \_\_\_\_\_

Do you have any objections to our contacting your present employer? \_\_\_\_\_

Earliest date you would be available: \_\_\_\_\_

Education Record: (Give the last school of each type attended)

School	Name & Location	From/To	Grade	Did you Graduate?
Sec/High School:	_____	_____	_____	_____

College: \_\_\_\_\_

University: \_\_\_\_\_

Business: \_\_\_\_\_

Trade/Other: \_\_\_\_\_

Employment Record: (Give your last three employers in reverse order)

Employer Address	Name of Immed. Supervisor	Position Held	Salary	From/To	Reason for Leaving
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Present/Last Employer: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

List memberships in professional societies or any special skills you have, eg. Typing, shorthand (in WPM) various machines.

Have you been bonded? Yes  No  Refused Bonding Yes  No

Do you have any relatives working for this Municipality now? Yes  No

Have you ever worked for this Municipality? Yes  No

How long have you lived in BC? \_\_\_\_\_

Are you a Canadian Citizen? Yes  No  Military Service: \_\_\_\_\_

In your opinion, what items in your experience, education or other factors meet the needs of the position applied for?

List two persons, not relatives, who could be contacted as references.

(Name)	(Address)	(Occupation)
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Certificate of Applicant:

I hereby certify that all statements in this application are true.

(Date) \_\_\_\_\_