



External Application Form

Personal Data

_____ Surname	_____ First Name	_____ Middle Initial
_____ Telephone	_____ Street Address	_____ Apt. #
_____ PO Box	_____ City	_____ Province
_____ Postal Code	_____ Email address	

Position Applying For:

Do you have any special certifications or tickets applicable to the position(s) being applied for? Yes _____ No _____

If yes, specifically what are they (please provide copies of the certification/tickets as well):

Do you have any specific applicable experience in the position(s) being applied for? Yes _____ No _____

If yes, specifically what: _____

Continued on next page

Education Background

Highest grade or level of education completed: _____

Employment Background:

Date/Month/Year	Company Name & Address	Telephone	Name of Supervisor	Position	Salary/Wage	Reason for leaving
From:						
To:						
From:						
To:						
From:						
To:						

For employment references, may we approach your former employer(s)? Yes No

I hereby declare that the foregoing information is true and complete to my knowledge. I understand a false statement may disqualify me from employment or cause my dismissal.

I hereby authorize the City of Fernie to contact, for employment references purposes, any of my past or former employers.

I understand that this and other personal information about me will be collected, used and retained and may be disclosed to third parties by the Corporation of the City of Fernie in connection with its assessment of this application, including checking references, verifying information, conducting criminal or other background checks and contacting me about this or other positions and, if I am hired, for employment administration purposes including remuneration and benefits, performance reviews, training, illness and disability, significant employment events, providing future references and regulatory compliance.

Signature _____ Date _____

**CITY OF FERNIE – FERNIE LEISURE SERVICES
INTERNAL USAGE ONLY**Candidate hired? Yes No

Position: _____

Start date: _____

End date: _____



Date received stamp goes above