



Flagstaff County Employment Application Form

Instructions:

Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility. Applications must be received at the closing date indicated in the advertisement.

Position Information

Position Title (if known):

Position Type (circle):

A) Permanent	1) Full-Time	2) Part-Time	3) Seasonal
B) Temporary			

Please describe type(s) of position interests for general application:

Personal Information

Last name:

Given Name:

Home Phone Number:

Alternate Phone Number:

Home Address:

Email:

Driver's License Number:
(Driver's abstract required upon application)

Have you been previously employed with Flagstaff County (circle):

A) Yes
B) No

If yes, please indicate:

Position:	Department:	Date:
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Education and Training

	Certificate/Diploma/ Degree received (circle)	Name of Certificate/ Diploma/Degree received	Name and Location of Institute	Date Received
High School	Yes No			
Trade Ticket Certificate Program	Yes No			
College, Business School or Technical College, University	Yes No			

Safety Certificates (circle if you currently have):

First Aid
 WHMIS
 Defensive Driving
 H2S Alive
 Transportation of Dangerous Goods (TDG)

Additional related learning including in-service training, and extension courses (attach a sheet if necessary).

Membership in professional or technical Associations:



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Employment History

Please list your previous three (3) employers starting with the most recent.

Employer:

Employment Dates: From (YYYY/MM)

To: (YYYY/MM)

Position held:

Number of People Supervised (if applicable):

Responsibilities/Duties/Skills:

Employer:

Employment Dates: From (YYYY/MM)

To: (YYYY/MM)

Position held:

Number of People Supervised (if applicable):

Responsibilities/Duties/Skills:

Employer:

Employment Dates: From (YYYY/MM)

To: (YYYY/MM)

Position held:

Number of People Supervised (if applicable):

Responsibilities/Duties/Skills:

Additional Skills/Achievements

Please list any additional skills and/or achievements (i.e volunteer work) that may be relevant to the position you are applying for.



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Experience Operating Equipment

For applicants applying for an outside position, please check what equipment you have experience operating:

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Single Axle Truck | <input type="checkbox"/> Grader | <input type="checkbox"/> Packer | <input type="checkbox"/> Farm Tractor |
| <input type="checkbox"/> Highway Truck and Trailer | <input type="checkbox"/> Scraper | <input type="checkbox"/> Lawn Mower | <input type="checkbox"/> Crawler Tractor |
| <input type="checkbox"/> Tandem Truck | <input type="checkbox"/> Wheel Loader | <input type="checkbox"/> Fork Lift | <input type="checkbox"/> Chain Saw |
| <input type="checkbox"/> Articulating Dump Truck (ADT) | <input type="checkbox"/> Track Hoe/Back Hoe | <input type="checkbox"/> ATV | <input type="checkbox"/> Small power tools/equipment |
| <input type="checkbox"/> Other _____ | | | |

References

Please provide three (3) references.

Reference:

Relationship: _____

Phone Number: _____

Reference:

Relationship: _____

Phone Number: _____

Reference:

Relationship: _____

Phone Number: _____

Mail or Deliver to:

Flagstaff County
 12435 TWP RD 442
 Box 358
 Sedgewick, AB T0B 4C0
 Email: Human.Resources@flagstaff.ab.ca

Only those applicants being considered for an interview will be contacted. All applicants are thanked for their interest. Applications will be kept on file for one year only.

Applicant Certification:

I hereby certify the information provided is correct and factual. Successful applicants may be required to subscribe to a criminal record check. I authorize investigation of all statements contained in this application. I agree and understand that any misrepresentation or omission of facts in this application will cause loss of all right to employment with Flagstaff County.

Signature: _____

Date (m/d/yy): _____