

STANDARD FORM.

DO NOT WRITE IN THIS SPACE
CLASS TITLE
EFFECTIVE DATE
RATE OF PAY

THE CORPORATION OF THE DISTRICT OF BURNABY
PERSONNEL DEPARTMENT

4949 CANADA WAY
BURNABY 2, B.C.

APPLICATION FOR EMPLOYMENT

DO NOT WRITE IN THIS SPACE
PAY ROLL NO.
AUTHORIZATION

INSTRUCTIONS TO APPLICANTS

It is to your advantage to study this application carefully and be very thorough in supplying all the information required. Remember, that an application is the first window through which a prospective employer views an applicant. Use INK in completing the application form. A separate application must be completed for each position applied for.

What is your date of birth? _____
(MONTH, DAY, YEAR)

Can you obtain a birth certificate? _____
YES OR NO

Are you a citizen of Canada? _____
YES OR NO

Length of residence in Canada prior to this date:
_____ Years, _____ Months

Length of residence in British Columbia prior to this date:
_____ Years, _____ Months

Designate your status with "X":

MARITAL STATUS					SEX	
SINGLE	MARRIED	DIVORCED	WIDOWED	SEPARATED	MALE	FEMALE

List ages of children if any.

--	--	--	--	--	--	--

List ages of your sisters and brothers if any.

SISTERS			BROTHERS		

Have you any physical disabilities? _____

If so, what are they? _____

Have you any relatives working for this Corporation at the present time? _____
YES OR NO

If yes, state relationship _____

Give your Height and Weight:

HEIGHT		WEIGHT	SOCIAL INS. NO.
FEET	INCHES	POUNDS	

Describe War Service _____ Period Overseas _____

Will you take an oath of allegiance? _____
YES OR NO

Have you any objection to the Corporation making inquiry of your present employer regarding your character, qualifications, etc.?
_____ YES OR NO

Drivers License Number _____

Have you ever been convicted for the violation of any law?
_____ YES OR NO

If answer is "Yes", give details. _____

Have you ever filed application before with this Corporation?

YES OR NO	DATE	POSITION APPLIED FOR IN PREVIOUS APPLICATION

FILL IN ALL BLANKS BELOW

The address given below will be treated as the applicant's post-office address until notice in writing of any change is received. Print plainly in INK Position applied for and name. A woman is to prefix "Miss" or "Mrs."

Position applied for _____

Mr.
Mrs.
Name: Miss _____
LAST NAME FIRST NAME MIDDLE NAME

Address _____ Business Telephone _____

City _____ Home Telephone _____

Province _____

DO NOT WRITE IN THIS SPACE		
EXAMINATION	DATE	SCORE
INTERVIEW _____		

EMPLOYMENT RECORD

Describe the positions you have held so as to give a clear picture of the duties you have performed. Start with your present or if unemployed your most recent employment and list your employment record in REVERSE ORDER. If more than one position or classification has been held with a given organization, list each position or classification as a separate period of employment.

EMPLOYMENT RECORD

Attach extra sheet if necessary. Be sure to indicate where this record of your experience may be verified.

EMPLOYER'S NAME AND ADDRESS AND IMMEDIATE SUPERVISOR	POSITION HELD	SALARY	DETAILED DESCRIPTION OF DUTIES (If work was of supervisory nature give number of employees supervised.)	DATE EMPLOYED	DATE SEPARATED REASON
PRESENT OR LAST EMPLOYER	Position _____	Entrance _____ \$ _____			
Address _____		Per _____			
Kind of Business _____	Department _____	Last _____			
Immediate Supervisor _____		\$ _____			
Title of Supervisor _____					
Employer _____	Position _____	Entrance _____ \$ _____			
Address _____		Per _____			
Kind of Business _____	Department _____	Last _____			
Immediate Supervisor _____		\$ _____			
Title of Supervisor _____					
Employer _____	Position _____	Entrance _____ \$ _____			
Address _____		Per _____			
Kind of Business _____	Department _____	Last _____			
Immediate Supervisor _____		\$ _____			
Title of Supervisor _____					
Employer _____	Position _____	Entrance _____ \$ _____			
Address _____		Per _____			
Kind of Business _____	Department _____	Last _____			
Immediate Supervisor _____		\$ _____			
Title of Supervisor _____					
Employer _____	Position _____	Entrance _____ \$ _____			
Address _____		Per _____			
Kind of Business _____	Department _____	Last _____			
Immediate Supervisor _____		\$ _____			
Title of Supervisor _____					
Employer _____	Position _____	Entrance _____ \$ _____			
Address _____		Per _____			
Kind of Business _____	Department _____	Last _____			
Immediate Supervisor _____		\$ _____			
Title of Supervisor _____					
Employer _____	Position _____	Entrance _____ \$ _____			
Address _____		Per _____			
Kind of Business _____	Department _____	Last _____			
Immediate Supervisor _____		\$ _____			
Title of Supervisor _____					
Employer _____	Position _____	Entrance _____ \$ _____			
Address _____		Per _____			
Kind of Business _____	Department _____	Last _____			
Immediate Supervisor _____		\$ _____			
Title of Supervisor _____					

FILL IN ALL BLANKS BELOW

Give the names, addresses, and occupations of three (3) persons not employers or relatives who have knowledge of your character, experience, and ability.

NAME	ADDRESS	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I HEREBY CERTIFY that this application contains no wilful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification my application will be rejected, my name will be removed from the register, I may be dismissed from the service and I may be disqualified from applying in the future for any position with the Municipality of Burnaby.

Date _____ Signature (use INK) _____

Indicate below the items in your experience which in your opinion satisfy the requirements for the position for which you are applying.

List any special skills such as operation of Multilith, Key Punch, Tabulating Machines, Office Machines, etc.

Words per Minute in TYPING _____ SHORTHAND _____

EDUCATIONAL RECORD

GIVE YOUR COMPLETE EDUCATIONAL HISTORY BELOW. Be sure to indicate where this record of your education may be verified.

Type of School	Name and Location	Dates of Attendance	Grade Completed ¹ (circle)	
			9 10 11 12	Did you Graduate?
High School	Name _____	From _____	Check Curriculum followed General _____	YES OR NO
	Location _____	To _____		
	Name _____	From _____	Un. Entrance _____	
	Location _____	To _____	Bus. or Com. _____ Trades _____	
			Major and related subjects	
Colleges or Universities	Name _____	From _____		
	Location _____	To _____		
	Name _____	From _____		
	Location _____	To _____		
Post Graduate Course	Name _____ Location _____	From _____ To _____		
Business School	Name _____ Location _____	From _____ To _____		
Night School Correspondence Trade School	Name & Kind _____ Location _____	From _____ To _____		

Indicate below the courses in your education which in your opinion satisfy the requirements for the position for which you are applying.

*Indicate Scholastic Honors or Degrees or Membership in Professional Societies.

Describe sports activities you have been active in since early school years.

*List present sports, hobbies, clubs, community or other group activities.

Describe past or present leadership roles you have taken.

*Do not include racial, religious or nationality groups.

PERSONNEL DEPARTMENT
 THE CORPORATION OF THE DISTRICT OF BURNABY
 4949 CANADA WAY BURNABY 2, B.C.

**OUTSIDE
 EMPLOYMENT
 FORM.**

PLEASE PRINT

APPLICATION FOR EMPLOYMENT

POSITION DESIRED						DATE		
NAME						HOME PHONE		
ADDRESS						ALTERNATE		
ADDRESS				CITY		ZONE		
BIRTHDATE	AGE	HEIGHT	WEIGHT	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>	WIDOW(ER) <input type="checkbox"/>
PHYSICAL DEFECTS			AGES OF CHILDREN			OTHER DEPENDENTS		
HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				WHERE DID YOU LIVE BEFORE?		FOR HOW LONG?		
ARE YOU A CANADIAN CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>				HOW LONG HAVE YOU LIVED IN B.C.?		HOW LONG HAVE YOU LIVED IN CANADA?		
ANY RELATIVES WORKING FOR THIS CORPORATION? NO <input type="checkbox"/>			IF YES, GIVE NAME AND RELATIONSHIP			SOCIAL INSURANCE NUMBER		
DRIVERS LICENSE NO.			DATE ISSUED		DRIVING RESTRICTIONS			
TRAFFIC CONVICTIONS SINCE DRIVING								
LAST SCHOOL ATTENDED				LOCATION		LAST GRADE COMPLETED		YEAR
APPRENTICESHIP OR OTHER TRAINING						FROM TO		
CERTIFICATES OR SPECIAL LICENSES HELD						YEAR OBTAINED		

INDICATE THE EQUIPMENT ON WHICH YOU ARE EXPERIENCED

TRUCKS (CHECK IF APPLICABLE)	SIZE OR TYPE	TONS	TOTAL ACTUAL OPERATION TIME	NAME OF COMPANIES
SINGLE AXLE <input type="checkbox"/>				
TANDEM AXLE <input type="checkbox"/>				
DUMP <input type="checkbox"/>				
FLATDECK <input type="checkbox"/>				
VAN <input type="checkbox"/>				
TRACTOR TRAILER <input type="checkbox"/>				
LOADER (TRACK) <input type="checkbox"/>				
(RUBBER TIRE) <input type="checkbox"/>				
BULLDOZER				
GRADERS				
BACKHOE CABLE <input type="checkbox"/>				
HYDRAULIC <input type="checkbox"/>				
OTHER				

REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
1				
2				

INDICATE TRADE OR SKILL AT WHICH YOU ARE EXPERIENCED

TRADE OR SKILL	TOTAL EXPERIENCE MONTHS/YEARS	MAIN TYPE OF WORK PERFORMED	NAME OF COMPANIES

EMPLOYMENT HISTORY: START AT PRESENT AND WORK BACK

1.	NAME		ADDRESS	
	TELEPHONE	TYPE OF BUSINESS		NAME OF SUPERVISOR
	JOB			RATE OF PAY
	FROM			TO
REASONS FOR LEAVING				
2.	NAME		ADDRESS	
	TELEPHONE	TYPE OF BUSINESS		NAME OF SUPERVISOR
	JOB			RATE OF PAY
	FROM			TO
REASONS FOR LEAVING				
3.	NAME		ADDRESS	
	TELEPHONE	TYPE OF BUSINESS		NAME OF SUPERVISOR
	JOB			RATE OF PAY
	FROM			TO
REASONS FOR LEAVING				
4.	NAME		ADDRESS	
	TELEPHONE	TYPE OF BUSINESS		NAME OF SUPERVISOR
	JOB			RATE OF PAY
	FROM			TO
REASONS FOR LEAVING				
5.	NAME		ADDRESS	
	TELEPHONE	TYPE OF BUSINESS		NAME OF SUPERVISOR
	JOB			RATE OF PAY
	FROM			TO
REASONS FOR LEAVING				

CURRENT INTERESTS APART FROM WORK: _____

IN CASE OF ACCIDENT NOTIFY

PHONE

HAVE YOU EVER WORKED FOR THE CORPORATION BEFORE? NO []

YES, FROM

TO

SIGNATURE _____

APPLICATION FOR EMPLOYMENT IN PARKS AND RECREATION

PLAYGROUND

THE CORPORATION OF THE DISTRICT OF BURNABY

&
SPORTS
ACTIVITIES

Each applicant is required to return this application with the information requested to the Personnel Department, The Corporation of the District of Burnaby, 4949 Canada Way, Burnaby 2, B.C.

FULL NAME _____ BIRTH DATE _____

PRESENT ADDRESS _____ CITY _____ TELEPHONE _____

HOME ADDRESS _____ CITY _____

MARITAL STATUS _____ EXPLAIN ANY PHYSICAL DISABILITY _____

MALE _____ FEMALE _____ HEIGHT _____ WEIGHT _____

POSITION DESIRED

For what position are you applying? _____

Underline work period desired: SUMMER _____ YEAR ROUND _____ SCHOOL YEAR _____
Full Time; Part Time Full Time; Part Time Full Time; Part Time

When can you begin work? _____ Present Occupation _____

EDUCATION (High School and University)

<u>NAME OF INSTITUTION</u>	<u>LOCATION</u>	<u>DATES</u>	<u>MAJOR SUBJECT</u>	<u>DEGREE</u>

What courses have you had in playground theory, administration, or leadership? _____

Name extra-curricular activities in high school and university. _____

What are your main hobbies? _____

See Over

PLAYGROUND
& SPORTS
ACTIVITIES

Indicate any paid experience you have had in the following:

- (1) Playground Supervision _____
- (2) Other Work with Children _____
- (3) Other Recreation Activities _____

Report experience as a volunteer in these fields _____

In the following list of activities, check once those in which you have taken part; twice those you have organized or directed, and which you are prepared to lead.

- | | | | |
|------------------|--------------------|--------------------|---------------|
| Apparatus Work | Children's Gardens | Gymnastics | Storytelling |
| Art Activities | Circus | Handicraft | Swimming |
| Athletic Tests | Dramatics | Music | Tournaments |
| Athletic Leagues | Pantomines | Choral Groups | Track & Field |
| Basketball | Puppetry | Group Singing | Water Sports |
| Softball | First Aid | Rhythm Banks | Others (list) |
| Baseball | Pageants | Instrumental Group | |
| Touch Football | Folk Dancing | Nature Activities | |
| Volleyball | Games, Children's | Social Recreation | |

REFERENCES

Give names of two people familiar with your experience and character; two others on school or university faculty.

NAME	ADDRESS	OCCUPATION
1.		
2.		
1.		
2.		

_____ Date

_____ Signature

AQUATIC
ACTIVITIES

Other courses, qualifications, etc. in swimming _____

First Aid qualifications _____

Have you taken any related recreation courses? _____

Indicate your main hobbies and interests _____

Indicate related experiences obtained in school or university _____

PREVIOUS EXPERIENCE

(a) Guarding: State when, where, type of situation (Beach, pool, lake, etc.) formal (paid) or volunteer, one of a team or on your own.

(b) Instructing: State when, where, type of situation, formal or volunteer, one of a team or on your own.

(c) Have you taught adults, mentally retarded or physically handicapped children? Details:

(d) Have you any experience in the organization and coaching of a competitive swim club? Details:

(e) Which age group(s) or pupils do you prefer to instruct? _____

REFERENCES

Give names of two people familiar with your experience and character; two others on school or university faculty.

NAME	ADDRESS	OCCUPATION
1.		
2.		
1.		
2.		

_____ Date

_____ Signature

PERSONNEL DEPARTMENT USE ONLY