



APPLICATION FOR EMPLOYMENT

EXTERNAL APPLICANT

Important: Please read the following instructions before completing this application.

1. The District of Mission collects this information in accordance with the *Freedom of Information and Protection of Privacy Act* and under the authority of the *Local Government Act* to determine your eligibility for employment.
2. If you are submitting a general application (i.e. not for a specific competition) you must fill in the **POSITION APPLIED FOR** box below.
3. You must submit a separate application form for each job competition you wish to apply for.
4. **If you are attaching your resume, only complete those areas not already covered in your resume.**

FOR CURRENT JOB OPPORTUNITIES, VISIT OUR WEBSITE AT: www.mission.ca/careers

PERSONAL INFORMATION			
Position Applied for:			Job ID No.:
Last Name:		First Name:	
Home Phone:	Cellular:	Do you meet the legal age requirement to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address:	City:	Province:	Postal Code:
Work Phone:	Extension:	Pager:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION				
Name and location of Secondary or High School:			Dates: Started/Completed	Did you Graduate? Yes No
Name and location of Post Secondary Institute (College or University):			Course Program/Major Field:	Degree, Diploma, Credits or Certificate attained:
			Dates: Started/Completed	Did you Graduate? Yes No
Name and location of Other Institution (Trades or Technical):			Course Program/Major Field:	Degree, Diploma, Credits or Certificate attained:
			Dates: Started/Completed	Did you Graduate? Yes No
If any educational certification is from outside Canada, has it been assessed for equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you will be required to provide certified equivalency documents)				
What courses are you currently enrolled in?				

EMPLOYMENT HISTORY (Start with the most recent)		
1. Employer's Name and Address:		
Position:	Dates Worked:	Reason for Leaving:

Primary Duties:	

2. Employer's Name and Address:		
Position:	Dates Worked:	Reason for Leaving:
Primary Duties:		

3. Employer's Name and Address:		
Position:	Dates Worked:	Reason for Leaving:
Primary Duties:		

OTHER EMPLOYERS OR VOLUNTEER WORK EXPERIENCE	Address	Position	From		To	
			YY	MM	YY	MM

PLEASE EXPLAIN BREAKS IN EDUCATION OR EMPLOYMENT HISTORY

TICKETS / LICENCES / CERTIFICATES / MEMBERSHIPS OBTAINED	Province Issued	Year

ADMINISTRATIVE SUPPORT EXPERIENCE					
Computer Software Applications Used:	Courses taken?		Level of Expertise		
	Yes	No	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
			<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
			<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
			<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Other Skills: Keyboarding Speed: _____ wpm <input type="checkbox"/> Switchboard <input type="checkbox"/> Cash Systems <input type="checkbox"/> Shorthand/Speed Writing					
<input type="checkbox"/> Front Counter <input type="checkbox"/> Dictaphone <input type="checkbox"/> Data Entry _____ wpm <input type="checkbox"/> Other:					

GENERAL INFORMATION			
Have you previously been employed with the District of Mission?		Are you legally entitled to work in Canada? (i.e. Citizen, Landed Immigrant)	
<input type="checkbox"/> Yes – previous position: _____		<input type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Work Desired: <input type="checkbox"/> Full Time, <input type="checkbox"/> Part Time, <input type="checkbox"/> Temporary, <input type="checkbox"/> Seasonal, or <input type="checkbox"/> Student (Summer)			
Valid Driver's Licence?	Province:	Driver's Licence Class:	Air Brakes?
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of a criminal offence for which a pardon has not been granted Yes No

Answering **YES** will not necessarily affect consideration of your application. Offences related to the position for which you have applied will be reviewed.

Do you have any relatives who are employed by the District of Mission Yes No. If **YES**, please list. This information is required for the District to determine if there is a potential conflict of interest in the area of work you have applied for or may be considered for.

Name	Relationship	Position	Department

ALL APPLICANTS							
Please indicate the days and hours you are available for work							
	MON	TUES	WED	THURS	FRI	SAT	SUN
HOURS:							

APPLICATION'S DECLARATION

Please read carefully before signing

I hereby understand:

1. That omissions or misrepresentations made on this application or other documentation and/or tests related to employment will be sufficient cause for cancellation of my application and, if employed, for dismissal from the District of Mission.
2. That if required, I will provide proof of education, certificates, licences and current driver's abstract.
3. That the District of Mission may conduct a criminal record check prior to an offer of employment.
4. That there will be a probationary work period during which my performance and suitability for employment with the District and the position will be reviewed.
5. That my signature below grants the District permission to contact references as provided by me during the recruitment process.

Please Print Name

Applicant's Signature

Today's Date

Please attach additional pages if there is any aspect of your application on which you wish to elaborate.

Note: Applicants are short-listed based on the information provided in this form and resume, if attached.

Mail to:

District of Mission
Box 20, 8645 Stave Lake St
Mission, BC V2V 4L9

Apply in person at:

Municipal Hall – Human Resources
8645 Stave Lake Street
Mission, BC
Monday to Friday, 8:00 a.m. – 4:30 p.m.

Fax to:

604.826.1363

Email* to:

resumes@mission.ca

The information requested on this form is collected under authority of the *Freedom of Information and Protection of Privacy Act*, for the purpose of managing human resources records. Certain information will be made available to federal and provincial departments and agencies under appropriate legislative authority. For further information about the collection and use of this information, contact Manager of Human Resources at 604.820.3707.