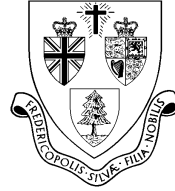


# APPLICATION FOR EMPLOYMENT

**CITY OF FREDERICTON**

P.O. BOX 130  
 FREDERICTON, NEW BRUNSWICK  
 E3B 4Y7  
 (506) 460-2035



- Please type or print
- If necessary use a separate sheet to expand on this application

## PERSONAL DATA

Position Applied For \_\_\_\_\_

Type of Employment

Permanent  Temporary  Summer  Full-Time  Part-Time

Family Name \_\_\_\_\_ First \_\_\_\_\_ Second \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone - Home \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone - Work \_\_\_\_\_

Permanent Home Address (if different from above) \_\_\_\_\_ Telephone \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_ Written: \_\_\_\_\_ Date Available for Work \_\_\_\_\_

Are you prepared to work anywhere in the Municipality? \_\_\_\_\_

Do you have a valid Driver's Licence? \_\_\_\_\_ Class \_\_\_\_\_ Province \_\_\_\_\_

## EDUCATION

	Name and Address	Total Number of Years Attended	Diploma Received/ Grade Completed
Secondary School	_____	_____	_____
Post Secondary	_____	_____	_____
Other Training	_____	_____	_____
	_____		
	_____		
	_____		

## REFERENCES (Familiar With Your Work or Studies)

	Name	Affiliation	Telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**EMPLOYMENT HISTORY**

Please record in sequence beginning with present or most recent employer.

Employer's Name	Your Duties
Employer's Address	
Supervisor's Name	
Position Held	
Duration of Employment	
Reason for leaving	

Employer's Name	Your Duties
Employer's Address	
Supervisor's Name	
Position Held	
Duration of Employment	
Reason for leaving	

Employer's Name	Your Duties
Employer's Address	
Supervisor's Name	
Position Held	
Duration of Employment	
Reason for leaving	

**ADDITIONAL COMMENTS**

Please comment on any other skills, work experience or qualifications that are relevant to this application.

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I certify that the statements made in this application are true and complete to the best of my knowledge. I am aware that misrepresentation or falsifications may result in rejection of my application or dismissal from employment .

Date

Signature