

Type of Work (Please indicate which area(s) you are applying for):

- | | |
|---|---|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Parks & Leisure Services |
| <input type="checkbox"/> Engineering / Operations | <input type="checkbox"/> Planning and Environment |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Licences, Permits & Bylaws | |

Work Period Desired: Full Time Part Time On-Call/Temporary Seasonal

Are you available for shift work? Yes No
 If yes, what shifts are you available for: Day Evening Weekend Night

Has the District of Maple Ridge previously employed you? Yes No
 If yes, please indicate department(s), date(s) and surname at time of employment: _____

General Information:

Are you applying for an advertised position? Yes No
 If yes, please indicate which position and the competition number: _____

How did you learn about this position?
 Advertisement (Please identify newspaper/journal) _____ Job Line
 District Employee: _____ Other Website
 District Website Other Source: _____

Education:	Course, Program, Major Field	Year Completed	Degree/Diploma
High School:		Circle highest grade completed: 8 9 10 11 12	
College or Technical Institute:			
University:			

Additional Courses:

What courses/programs are you currently enrolled in?

Employment Skills:

- | | | |
|---|--|---|
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Computer Software | Certificates: |
| <input type="checkbox"/> First Aid-Level ___ Expiry Date: _____ | (please list below) | <input type="checkbox"/> Carpenter |
| <input type="checkbox"/> Switchboard: _____ | _____ | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Other: _____ | _____ | <input type="checkbox"/> Mechanic |
| _____ | _____ | <input type="checkbox"/> Heavy Equipment Operated |
| _____ | _____ | (please list below) |
| _____ | _____ | _____ |
| _____ | _____ | <input type="checkbox"/> Other: _____ |
| _____ | _____ | _____ |

In what other languages are you fluent? _____

Employment History: Please list all employers for a minimum of the last ten years beginning with your most recent experience (unless they have been included in your attached resume.)

1. Company Name: _____ Address: _____ Phone No.: _____
 Name of Immediate Supervisor: _____ Supervisor's Title: _____ Phone No. for Supervisor: _____
 Position Title: _____ Length of Employment: _____
 From: (mo/yr) _____ To: (mo/yr) _____
 Duties & Responsibilities: _____

 Employment Status: FT PT Casual Reason for leaving: _____

2. Company Name: _____ Address: _____ Phone No.: _____
 Name of Immediate Supervisor: _____ Supervisor's Title: _____ Phone No. for Supervisor: _____
 Position Title: _____ Length of Employment: _____
 From: (mo/yr) _____ To: (mo/yr) _____
 Duties & Responsibilities: _____

 Employment Status: FT PT Casual Reason for leaving: _____