

EMPLOYMENT HISTORY

(Please list your most recent employers)

CURRENT POSITION

COMPANY		POSITION TITLE			
IMMEDIATE SUPERVISOR		START DATE		END DATE	
DUTIES					

PREVIOUS POSITIONS

COMPANY		POSITION TITLE			
IMMEDIATE SUPERVISOR		START DATE		END DATE	
REASON FOR LEAVING					
DUTIES					

COMPANY		POSITION TITLE			
IMMEDIATE SUPERVISOR		START DATE		END DATE	
REASON FOR LEAVING					
DUTIES					

COMPANY		POSITION TITLE			
IMMEDIATE SUPERVISOR		START DATE		END DATE	
REASON FOR LEAVING					
DUTIES					

REFERENCES

(Please list names of people who may have been in a position to supervise your work excluding any friends or relatives)

1	NAME		PHONE NUMBER	
	COMPANY		POSITION	

2	NAME		PHONE NUMBER	
	COMPANY		POSITION	

ADDITIONAL INFORMATION

Please provide additional information that you would like to bring to our attention.

Have you been employed by the City of Medicine Hat before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dates: From _____ To: _____ Position Held: _____
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APPLICANT'S DECLARATION

Before signing, please ensure that your application is filled out completely and that you understand the following declaration.

I HEREBY CERTIFY THAT:

1. All the statements made in this application are true and correct to the best of my knowledge and that any misstatements or falsification of information may cause me to forfeit my rights to employment with the City of Medicine Hat.
2. That I understand any appointment to a position with the City of Medicine Hat may be dependent upon:
 - (a) satisfactory reference checks
 - (b) satisfactory completion of a job related physical assessment
 - (c) satisfactory proof of required qualifications
 - (d) satisfactory criminal background check
 - (e) successful completion of the applicable probationary period
3. I understand and authorize the City of Medicine Hat to contact my references supplied.

Applicant's Signature: _____ Date: _____

HUMAN RESOURCES USE ONLY