



**City of Kamloops**  
**Human Resources Department**  
**105 Seymour Street**  
**Kamloops BC V2C 2C6**  
**Fax 250-372-1351**

**250-828-3439**  
**www.kamloops.ca**

**FOR EXTERNAL APPLICANTS ONLY**

**APPLICATION FOR  
EMPLOYMENT**

Position Applied For \_\_\_\_\_ Competition No. \_\_\_\_\_

Date Available \_\_\_\_\_

**Personal Data**

Name \_\_\_\_\_  
Surname \_\_\_\_\_ Full Given Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
Apt. No., Street Address, PO Box, etc.

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Business \_\_\_\_\_  
Other \_\_\_\_\_  
Message, Pager, etc.

Do you have a valid BC Driver's Licence?  Yes  No

**Employment History**

Name of Employer		Name of Supervisor	
City	Province	Telephone Number ( )	
Job Title		Main Duties	
From/To (yy/mm)	Rate of Pay		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer		Name of Supervisor	
City	Province	Telephone Number ( )	
Job Title		Main Duties	
From/To (yy/mm)	Rate of Pay		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Employer		Name of Supervisor	
City	Province	Telephone Number ( )	
Job Title		Main Duties	
From/To (yy/mm)	Rate of Pay		
Reason for Leaving		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Educational Background

Secondary School \_\_\_\_\_ Year Completed \_\_\_\_\_  
 Program Completed \_\_\_\_\_  
 College/University \_\_\_\_\_ Year Completed \_\_\_\_\_  
 Program Completed \_\_\_\_\_  
 Relevant Courses \_\_\_\_\_  
 Other Course(s) Taken \_\_\_\_\_  
 \_\_\_\_\_  
 Course(s) Currently Enrolled In \_\_\_\_\_

**\*Please submit proof of certification.**

## Additional Qualifications, Skills, or Experience

List additional qualifications, skills, or experiences relevant to the position for which you are applying.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TO BE FILLED IN BY LABOURER, TRUCK DRIVER, EQUIPMENT OPERATOR, TRADES, AND SIMILAR APPLICANTS.			
Driver's Licence Number	Drivers Licence Class <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Air Brakes Endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No	Province of Issue
List construction and maintenance equipment operated below. Type and size of truck or equipment		Length of Experience Years                      Months	

## General Information

List leisure activities and interests. Provide any further information which could assist the City of Kamloops in considering your application for employment. (Attach additional page if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

References - Work Related (i.e. past supervisors)

NAME	ADDRESS	TELEPHONE	OCCUPATION
1.			
2.			
3.			

### APPLICANT'S DECLARATION

1. That all statements made in this application are true and I understand that any misstatements of material facts herein may cause forfeiture of my rights to employment with the City of Kamloops.
2. That I understand appointment to any position is dependent upon successful completion of applicable probationary period.
3. That the City of Kamloops may contact my former employers to obtain references.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_