

# RURAL MUNICIPALITY OF GIMLI

## APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

### PERSONAL

Name \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City Province Postal Code

Telephone No. (Days) \_\_\_\_\_ (Evenings) \_\_\_\_\_

Social Insurance No. \_\_\_\_\_

Manitoba Health Services Number \_\_\_\_\_

Have you reached the age of majority? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  
(Conviction will not necessarily disqualify an applicant.) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations to performing the job applied for? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, provide details: \_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies or asthma? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to submit to a medical examination to confirm that you are able to perform the requirements of the job? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you received Workers' Compensation during the last ten years? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please provide Class No. \_\_\_\_\_

Indicate your availability for starting work: \_\_\_\_\_

**EDUCATION & TRAINING**

	<b>Name of School</b>	<b>Level Achieved</b>
<b>High School</b>		
<b>College or University</b>		
<b>Trade School</b>		

List any other training/certificates/licenses/special skills that you possess related to the job applied for:

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List any machines or equipment that you are qualified or experienced in operating:\_\_\_\_\_

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**PRIOR WORK HISTORY** (List in order, Last or Present Employer First)

<b>Dates</b>		<b>Name and Address of Employer</b>	<b>Rate of Pay</b>		<b>Supervisor's Name &amp; Title</b>
<b>From</b>	<b>To</b>		<b>Start</b>	<b>Finish</b>	
Describe the work you did					
<b>Reason For Leaving</b>					

<b>Dates</b>		<b>Name and Address of Employer</b>	<b>Rate of Pay</b>		<b>Supervisor's Name &amp; Title</b>
<b>From</b>	<b>To</b>		<b>Start</b>	<b>Finish</b>	
Describe the work you did					

**Reason For Leaving**

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name & Title
From	To		Start	Finish	

Describe the work you did

**Reason For Leaving**

Dates		Name and Address of Employer	Rate of Pay		Supervisor's Name & Title
From	To		Start	Finish	

Describe the work you did

**Reason For Leaving**

May we contact the employers listed above? \_\_\_\_\_ If not, indicate below which one(s) you do not wish us to contact.

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Have you ever worked for us before? Yes \_\_\_\_\_ No \_\_\_\_\_

Name any employees that you know who are currently working (or have worked) here:

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**PERSONAL REFERENCES**

Name and Occupation	Address	Phone Number

**IMPORTANT: PLEASE READ THIS CAREFULLY**

If accepted for employment, I understand and agree that:

1. Any misrepresentation or omission in my application or medical report shall constitute sufficient cause for termination of my employment.
2. I will participate in the company benefit plan when I am eligible.
3. Continued employment is contingent upon a medical examination report satisfactory to the company.
4. Full disclosure of all facts may be made by my former employers without liability on their part, such disclosures being fully authorized.

I declare that as far is known to myself, the above statements are true and correct. I am willing to take a doctor's medical examination and I realize my continued employment depends on my ability to pass such examination, and/or other prescribed tests. If required, I will obtain a doctor's certification of my fitness to perform heavy work.

Date: \_\_\_\_\_

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

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**FOR PERSONNEL DEPARTMENT USE ONLY**

Interview: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Result of Interview: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Acceptable for employment: \_\_\_\_\_

Start Date: \_\_\_\_\_

Occupation: \_\_\_\_\_

Department: \_\_\_\_\_

Interviewed By: \_\_\_\_\_

Date: \_\_\_\_\_