



OLDS COLLEGE EMPLOYMENT APPLICATION

APPLICATION FOR EMPLOYMENT

Your interest in Olds College is appreciated. Olds College is committed to employment equity and encourages applications from all qualified applicants. To ensure full consideration of your application, be sure to complete all sections. You may attach a resume or additional information with this application. Your application will remain on file for six months.

PERSONAL DATA

Name _____ Phone Bus.: () _____ Res.: () _____
Surname First Middle

Mailing Address _____
PO Box/Street City/Town Province Postal Code

Social Insurance Number

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In case of emergency, indicate name, address, and phone number of person to be contacted.

YOUR EMPLOYMENT INTERESTS

TYPE OF EMPLOYMENT FOR WHICH YOU ARE APPLYING. (CHECK ALL THAT APPLY)

Regular Full Time Regular Part Time Temporary Contract Student Summer

Position Applied For: _____

Competition #: _____

When are you available to begin work? _____ Minimum Salary Desired? _____

TYPE OF WORK DESIRED

If you are not applying for a specific position, please indicate your areas of interest.

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

GENERAL INFORMATION

Were you previously employed by Olds College? YES NO If yes, indicate the position held and the date you left Olds College. _____

Do you have any relatives employed by Olds College? YES NO If yes, indicate their name and relationship to you. _____

Have you been convicted of a criminal offense for which a pardon has not been granted? YES NO
If yes, you are to make known to the Director of Human Resources the details of any criminal conviction.

(All successful applicants for permanent positions are required to submit a completed Consent for Disclosure of Criminal Record Information Form.)

GENERAL INFORMATION

STARTING WITH PRESENT OR MOST RECENT, LIST ALL PREVIOUS EMPLOYERS, INCLUDE SELF-EMPLOYMENT, SUMMER AND PART-TIME JOBS. IF MORE SPACE IS REQUIRED, PLEASE CONTINUE ON SEPARATE SHEET.

LAST OR PRESENT EMPLOYER		TITLE
STREET ADDRESS	PHONE NUMBER	BRIEF DESCRIPTION OF JOB DUTIES
CITY PROVINCE	POSTAL CODE	
SUPERVISOR'S NAME AND TITLE	PHONE NUMBER	
BASE SALARY	DATES WORKED FROM TO	
REASON FOR LEAVING		
NAME OF EMPLOYER		
STREET ADDRESS		PHONE NUMBER
CITY PROVINCE		POSTAL CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER
BASE SALARY		DATES WORKED FROM TO
REASON FOR LEAVING		
NAME OF EMPLOYER		TITLE
STREET ADDRESS		PHONE NUMBER
CITY PROVINCE		POSTAL CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER
BASE SALARY		DATES WORKED FROM TO
REASON FOR LEAVING		
NAME OF EMPLOYER		TITLE
STREET ADDRESS		PHONE NUMBER
CITY PROVINCE		POSTAL CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER
BASE SALARY		DATES WORKED FROM TO
REASON FOR LEAVING		
NAME OF EMPLOYER		TITLE
STREET ADDRESS		PHONE NUMBER
CITY PROVINCE		POSTAL CODE
SUPERVISOR'S NAME AND TITLE		PHONE NUMBER
BASE SALARY		DATES WORKED FROM TO
REASON FOR LEAVING		

EDUCATION AND TRAINING

TYPE OF SCHOOL	COMPLETE NAME AND ADDRESS OF SCHOOL	DATES ATTENDED FROM TO	MAJOR FIELDS OF STUDY	DID YOU GRADUATE?	TYPE OF DIPLOMA, DEGREE OR CERTIFICATE
HIGH SCHOOL OR EQUIVALENCY DIPLOMA					
VOCATIONAL SCHOOLS, TECHNICAL INSTITUTES, COMMUNITY AND JUNIOR COLLEGES					
UNIVERSITIES					
POST GRADUATE					
OTHER					

If any educational certificate is from outside Canada, has it been assessed for competency? YES NO

If yes, by whom? _____

LIST MEMBERSHIPS IN PROFESSIONAL OR TECHNICAL ASSOCIATIONS (You are not required to list those of a religious, ethnic, or political nature.)

COMPUTER SOFTWARE APPLICATIONS USED	COURSE TAKEN		LENGTH OF COURSE (HRS)	LEVEL OF EXPERTISE (BASIC/INTERMEDIATE/ADVANCED)	LENGTH OF TIME YEARS	ACTIVELY USED MONTHS
	YES	NO				
				<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		
				<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		
				<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		
				<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		
				<input type="checkbox"/> BASIC <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		
TYPING SPEED	OTHER OFFICE SKILLS					

TRADE, TECHNICAL AND EQUIPMENT OPERATOR APPLICANTS

Do you have a journeyman trade certificate? YES NO
 Trade Certificate Number: _____

If yes, name trade: _____
 Province: _____

TYPE OF TRUCK, VEHICLE, SCHOOL BUS, AND EQUIPMENT OPERATED	CURRENT CLASS NUMBER	ENDORSEMENT/ RESTRICTIONS	LENGTH OF EXPERIENCE	
			YEARS	MONTHS

REFERENCES

LIST THREE PERSONS, PREFERABLY SUPERVISORS, WHO ARE NOT RELATED TO YOU AND WHO HAVE KNOWLEDGE OF YOUR QUALIFICATIONS. DO NOT LIST FRIENDS OR RELATIVES.

FULL NAME	YEARS KNOWN	PRESENT BUSINESS OR HOME ADDRESS (NUMBER, STREET, CITY, PROVINCE, AND POSTAL CODE)	BUSINESS OR OCCUPATION	TELEPHONE

DECLARATION OF APPLICANT

I certify that:

1. *The information on this application is true and complete and that any misrepresentation or omission of facts may be considered cause for rejection of my application or termination of employment.*
2. *That appointment to any position at Olds College is dependant upon:*
 - a) *passing a medical examination and/or physical ability test;*
 - b) *providing documented proof of required qualifications, and;*
 - c) *successful completion of the applicable probationary period.*
3. *I understand that Olds College may contact my present and former employers to obtain references.*
4. *I will make known to the Director of Human Resources the details of any criminal conviction for which a pardon has not been granted.*

Applicant's Signature

Date

Human Resources Department
Olds College
4500 50 Street
Olds, Alberta
T4H 1R6
Ph: (403) 556-8362 Fax: (403) 556-4794

The personal information collected on this application is authorized by Section 33 (C) of the Freedom of Information & Protection of Privacy Act of the Province of Alberta. Questions regarding the collection, use, & disclosure of any personal information should be directed to the Director of Human Resources or the FOIP Coordinator of Olds College @ 1-800-661-6537.