

Education				
Type of School	Name of School	Location (complete mailing address)	Years Completed	Major & Degree
High School				
Post Secondary				

Employment		
Company: Address: Phone No. ()	Name of Supervisor: Duties Performed:	Employed From: To: Reason for Leaving
Company: Address: Phone No. ()	Name of Supervisor: Duties Performed:	Employed From: To: Reason for Leaving
Company: Address: Phone No. ()	Name of Supervisor: Duties Performed:	Employed From: To: Reason for Leaving

Personal References (exclude Supervisors listed above and relatives)		
Name	Relationship:	Phone No. ()
Name	Relationship:	Phone No. ()

Have you been charged with a criminal offence? If so, please explain.

I have not been charged with a criminal offence.

Date

Signature

Signature of Parent (if under 18 years)

Should you be successful in obtaining employment with the Town of Hanna, you may be required to supply a driver's abstract, criminal record check or a vulnerable person's background check depending upon your duties or position with the Town.

I certify that the above information is correct. I authorize the references, supervisors and educational institutions listed above to give you any information concerning my prior employment or education. I understand that you, as my potential employer are collecting my personal information on this form and from the references, supervisors and educational institutions listed above to determine my suitability for the position I have applied for and, if I am hired, for the purpose of our employment relationship. I understand and agree that you, as my potential employer, will use and disclose my personal information only for those purposes or as permitted or required by law. By signing this form, I consent to the collection, use and disclosure by you, as my potential employer, of my personal information for these purposes.

Date

Signature of Applicant

~ Please attach any additional information you feel may be helpful in our selection ~