



**The Corporation of Delta
Human Resources**

COMPETITION #:
NOTE: APPLICANTS ARE SHORTLISTED BASED ON THE INFORMATION PROVIDED IN THIS FORM.

APPLICATION FOR EMPLOYMENT – EXTERNAL

IMPORTANT: Please read the following instructions before completing this application.

1. The Corporation collects this information in accordance with the *Freedom of Information and Protection of Privacy Act* and under the authority of the *Local Government Act* to determine your eligibility for employment.
2. You **may** attach a resume. However, all applicants **MUST** complete this form.
3. You must indicate the **COMPETITION NUMBER** of the posted position you are applying for in the box above. If you are submitting a general application (i.e. without a competition number), you must fill in the **POSITION APPLIED FOR** box below.
4. You must submit a separate application form for each posted job competition you apply for.
5. The Corporation does not consider applications received after 4:30 p.m. on the posted closing date.
6. You may submit an application using ONE of the following four methods.

Mail to:
The Corporation of Delta
Human Resources
4500 Clarence Taylor Crescent
Delta, BC V4K 3E2

Apply in person at:
Human Resources
2nd Floor – Municipal Hall
4500 Clarence Taylor Crescent
Delta (Ladner)

Fax to:
604-946-3706

Email* to:
employment@corp.delta.bc.ca

* Signature will be required at time of interview

Hours of Operation: 8:00 am – 4:45 pm Monday to Friday; 8:00 am to 8:00 pm Thursday

7. **PLEASE PRINT.**

PERSONAL INFORMATION			
Position Applied For:		Date Available for Work:	
Last Name:		Given Name(s):	
Home Phone: _____ - _____ - _____		Work Phone: _____ - _____ - _____	
Cell Phone : _____ - _____ - _____		E-Mail: _____	
Street Address:		City	Prov. Postal Code
		Are you more than 17 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION				
Name and location of Secondary or High School:			Circle highest grade completed	
			9 10 11 12 13	
Name and location of Post Secondary Institution (College or University):	Course Program / Major Field:	Degree, Diploma, Credits or Certificate attained:	Dates: Started/Completed	Did you graduate? Yes No
Name and location of Other Institution (Trade or Technical):	Course Program / Major Field:	Degree, Diploma, Credits or Certificate attained:	Dates: Started/Completed	Did you graduate? Yes No
If any educational certification is from outside Canada, has it been assessed for equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMPLOYMENT HISTORY

(Start with the most recent)

1. Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving:

Supervisor's name and position:

Phone Number:

Duties:

2. Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving:

Supervisor's name and position:

Phone Number:

Duties:

3. Employer's Name and Address:

Position:

Dates Worked:

Reason for Leaving:

Supervisor's name and position:

Phone Number:

Duties:

OTHER EMPLOYERS OR VOLUNTEER WORK EXPERIENCE	Address	Position	From YY MM	To YY MM

PLEASE EXPLAIN BREAKS IN EDUCATION OR EMPLOYMENT HISTORY

CONSTRUCTION AND MAINTENANCE EQUIPMENT / TRUCKS USED (LIST BY TYPE AND SIZE)	Length of Time Actively Used	
	Years	Months

TICKETS / LICENSES / CERTIFICATES / MEMBERSHIPS OBTAINED (RELEVANT TO POSITION APPLIED FOR)	Province issued	Year

CLERK TYPIST / CLERICAL RECEPTION / OFFICE ADMINISTRATION EXPERIENCE					
Computer Software Applications Used	Course taken?		Level of Expertise	Length of time actively used	
	Yes	No		Years	Months
			<input type="checkbox"/> Basic, <input type="checkbox"/> Intermediate or <input type="checkbox"/> Advanced		
			<input type="checkbox"/> Basic, <input type="checkbox"/> Intermediate or <input type="checkbox"/> Advanced		
			<input type="checkbox"/> Basic, <input type="checkbox"/> Intermediate or <input type="checkbox"/> Advanced		
			<input type="checkbox"/> Basic, <input type="checkbox"/> Intermediate or <input type="checkbox"/> Advanced		

Other Skills: Typing speed _____ wpm. Switchboard Cashier Systems Calculator
 Front Counter Ticket Sales Data Entry Other

GENERAL INFORMATION				
Have you previously been employed with the Corporation of Delta? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, Previous Position: _____			Are you legally entitled to work in Canada? (i.e. Citizenship, Landed Immigrant) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work Desired: <input type="checkbox"/> Full time, <input type="checkbox"/> Part Time, <input type="checkbox"/> Temporary, <input type="checkbox"/> Seasonal, or <input type="checkbox"/> Student (summer)			Check if you will accept: <input type="checkbox"/> Weekend, <input type="checkbox"/> Shift work.	
Valid B.C. Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License 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 brake? <input type="checkbox"/> Yes <input type="checkbox"/> No	B.C.D.L. Restrictions?	Drivers' Licence Number? (if relevant to position applied for)

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No
 Answering yes will not necessarily affect consideration of your application. Offences related to your intended employment will be reviewed.

Do you have any relatives who are employed by the Corporation of Delta? Yes No. If yes, please list. This information is required for the Corporation to determine if there is a potential conflict of interest in the area of work you have applied for.

Name	Relationship	Department	Division

SELF ASSESSMENT

CHECK THE FOLLOWING AREAS YOU ARE QUALIFIED IN AND/OR HAVE WORK EXPERIENCE DOING

LABOUR / TRADES

<input type="checkbox"/> Asphalt <input type="checkbox"/> Brick / Stone work <input type="checkbox"/> Carpentry <input type="checkbox"/> Concrete <input type="checkbox"/> Flagging <input type="checkbox"/> Fence Work <input type="checkbox"/> Forestry / Arboriculture	<input type="checkbox"/> Golf Course / Grass Cutting <input type="checkbox"/> Horticulture / Landscape Maintenance <input type="checkbox"/> Labouring _____ years experience <input type="checkbox"/> Landscape Installation <input type="checkbox"/> Mechanical <input type="checkbox"/> Painting <input type="checkbox"/> Pipe Installation	<input type="checkbox"/> Planting <input type="checkbox"/> Plumbing / Water <input type="checkbox"/> Road Finishing <input type="checkbox"/> Road Construction <input type="checkbox"/> Sewer Construction <input type="checkbox"/> Sewer Maintenance <input type="checkbox"/> Survey	<input type="checkbox"/> Trail Construction <input type="checkbox"/> Turf Maintenance <input type="checkbox"/> Working with Equipment <input type="checkbox"/> WHMIS <input type="checkbox"/> Other
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RECREATION / FACILITIES

<input type="checkbox"/> Arenas <input type="checkbox"/> BCRPA Fitness <input type="checkbox"/> BSW Course <input type="checkbox"/> Budgeting <input type="checkbox"/> Concession Experience <input type="checkbox"/> Community Group Experience <input type="checkbox"/> CPR Level _____ <input type="checkbox"/> Customer Service Experience <input type="checkbox"/> Facility Experience <input type="checkbox"/> Fine Arts Diploma <input type="checkbox"/> Fine Arts Instruction	<input type="checkbox"/> Fine Arts Specialty: <input type="checkbox"/> Ceramics <input type="checkbox"/> Dance <input type="checkbox"/> Music <input type="checkbox"/> Theatre <input type="checkbox"/> Visual <input type="checkbox"/> Other: _____ <input type="checkbox"/> First Aid Level _____ <input type="checkbox"/> "Food Safe" <input type="checkbox"/> Ice Makers Course <input type="checkbox"/> Janitorial _____ years experience.	<input type="checkbox"/> Program Leadership <input type="checkbox"/> Program Supervisor <input type="checkbox"/> Program Specialty: <input type="checkbox"/> Fitness <input type="checkbox"/> Gymnastics <input type="checkbox"/> Outdoors <input type="checkbox"/> Preschool <input type="checkbox"/> Seniors <input type="checkbox"/> Skating <input type="checkbox"/> Special Events <input type="checkbox"/> Sports <input type="checkbox"/> Youth / Children	<input type="checkbox"/> Public Speaking <input type="checkbox"/> Recreation Diploma <input type="checkbox"/> Refrigeration Operator <input type="checkbox"/> Refrigeration Plant Safety <input type="checkbox"/> Retail Sales <input type="checkbox"/> "Serving It Right" <input type="checkbox"/> Special Event Experience <input type="checkbox"/> "Super Host" <input type="checkbox"/> Theatre (Front of House) <input type="checkbox"/> Theatre (Technical) <input type="checkbox"/> WHMIS <input type="checkbox"/> Other
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AQUATICS POSITIONS ONLY: PLEASE NOTE CURRENT CERTIFICATIONS ONLY – LIST EXPIRY DATES

<p>Required for consideration for employment:</p> <input type="checkbox"/> CPR C (or equivalent) _____ <input type="checkbox"/> Life Saving Instructor (LSI) _____ <input type="checkbox"/> NLS Pool _____ <input type="checkbox"/> Water Safety Instructor (WSI) _____ <p>Preferred Qualifications – Lifesaving Society:</p> <input type="checkbox"/> Examiner _____ <input type="checkbox"/> Instructor Trainer _____ <input type="checkbox"/> Other _____ <p>Preferred Qualifications – NLS:</p> <input type="checkbox"/> Beach _____ <input type="checkbox"/> Instructor _____ <input type="checkbox"/> Recertification Conductor _____ <input type="checkbox"/> Surf _____ <input type="checkbox"/> Water Park _____ <input type="checkbox"/> Other _____	<p>Preferred Qualifications - Red Cross:</p> <input type="checkbox"/> Assistant Instructor Trainer _____ <input type="checkbox"/> Instructor Trainer _____ <input type="checkbox"/> Master Instructor Trainer _____ <input type="checkbox"/> Other _____ <p>Preferred Qualifications – Other:</p> <input type="checkbox"/> Aquatic Emergency Care _____ <input type="checkbox"/> CPR Instructor _____ <input type="checkbox"/> Diving Instructor _____ <input type="checkbox"/> First Aid Instructor _____ <input type="checkbox"/> NCCP Swimming Coach _____ <input type="checkbox"/> Occupational First Aid _____ <input type="checkbox"/> Standard First Aid _____ <input type="checkbox"/> Synchronized Swimming Instructor _____ <input type="checkbox"/> Water Baby/Parent & Tot _____ <input type="checkbox"/> WHMIS _____ <input type="checkbox"/> Other _____
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FITNESS POSITIONS ONLY: PLEASE NOTE CURRENT CERTIFICATIONS ONLY – LIST EXPIRY DATES

<input type="checkbox"/> BCRPA Certifications or, if equivalent, please note. _____ _____ _____ <p>Preferred Qualifications - Fitness:</p> <input type="checkbox"/> Adapted _____ <input type="checkbox"/> Advanced Fitness Leader _____ <input type="checkbox"/> Fitness Theory _____ <input type="checkbox"/> Group Fitness Leader _____ <input type="checkbox"/> Joint Works/Water Works _____ <input type="checkbox"/> Osteofit _____ <input type="checkbox"/> Personal Training _____	<p>Preferred Qualifications Continued:</p> <input type="checkbox"/> Pilates _____ <input type="checkbox"/> Supervisor of Fitness Leaders _____ <input type="checkbox"/> Tai Chi _____ <input type="checkbox"/> Third Age _____ <input type="checkbox"/> Water Fit _____ <input type="checkbox"/> Weight Training I _____ <input type="checkbox"/> Weight Training II _____ <input type="checkbox"/> Yoga _____ <input type="checkbox"/> Other _____
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ALL APPLICANTS

Please indicate the time you are available for work

HOURS	MON	TUE	WED	THUR	FRI	SAT	SUN

ADDITIONAL QUALIFICATIONS – ALL APPLICANTS

(Volunteer Experience and/or Memberships relevant to the position you are applying for.)

APPLICANT'S DECLARATION**Please read carefully before signing.**

I hereby certify that I understand that:

- omissions or misrepresentations made on this application or other documentation and/or tests related to employment will be sufficient cause for cancellation of my application and, if employed, for dismissal from the Corporation of Delta.
- my signature on this form is my permission to contact my present/past employers to obtain references
- there may be a probationary work period during which my performance and suitability for the position will be reviewed
- as a condition of employment I may be required to pass a medical exam and/or satisfactorily complete a criminal records search
- if required, I will provide proof of education, certificates, licenses and an up-to-date driver's abstract.

X_____
Applicant's Signature_____
Please Print Name_____
Today's Date