



APPLICATION FOR EMPLOYMENT

Town of Chestermere
105 Marina Road, Chestermere AB, T1X 1V7
Phone: (403) 207-7050 Fax: (403) 569-0512

Date: _____

Position Desired: _____

NAME: _____

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

EMAIL ADDRESS: _____

EDUCATION: _____

OTHER TRAINING: _____

DO YOU HAVE A VALID ALBERTA DRIVER'S LICENSE? _____ CLASS: _____

EMPLOYMENT HISTORY

Name of employer: _____ Position: _____

Address: _____ Supervisor's name: _____

Employed from _____ to _____ Salary: _____

Reason for leaving: _____

May we contact this employer? Yes _____ No _____

EMPLOYMENT HISTORY

Name of employer: _____ Position: _____

Address: _____ Supervisor's name: _____

Employed from _____ to _____ Salary: _____

Reason for leaving: _____

May we contact this employer? Yes _____ No _____

Interests and Hobbies: _____

Volunteer Work: _____

Qualifications: _____

If applicable, please list equipment you have operated: _____

References: _____
