



APPLICATION FOR EMPLOYMENT

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

1. Langley City collects this information in accordance with the *Freedom of Information and Protection Act* and under the authority of the *Local Government Act* to determine your eligibility for employment.
2. You must fill in the **POSITION APPLIED FOR** in the box below. **Please only submit applications OR resumes for a specific job competition.**
3. You must submit a separate application form for each job competition you wish to apply for.
4. You may submit an application using **ONE** of the following four methods:

Mail to: City of Langley Human Resources Division 20399 Douglas Crescent Langley, B.C. V3A 4B3	Submit in person at: City Hall – 1 st floor reception 20399 Douglas Crescent Langley, BC Monday to Friday, 8:30 a.m. – 4:30 p.m.	Fax to: 604-514-0225	Email* to: hr@langleycity.ca
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PERSONAL INFORMATION

Position Applied for:					
Last Name:			First Name:		
Home Phone:		Cellular:			
Work Phone:		Email:			
Street Address:		City:	Province:	Postal Code:	
EDUCATION					
Name and location of Secondary or High School:			Dates: Started/Completed		Did you Graduate? Yes No
Name and location of Post Secondary Institute (College or University):			Course Program/Major Field:	Degree, Diploma, Credits or Certificate attained:	
Name and location of Other Institution (Trades or Technical):			Course Program/Major Field:	Degree, Diploma, Credits or Certificate attained:	Dates: Started/Completed
					Did you Graduate? Yes No
If any educational certification if from outside Canada, has it been assessed for equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, you will be required to provide certified equivalency documents)					

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		To	
			YY	MM	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 / LICENCES / CERTIFICATES / MEMBERSHIPS OBTAINED (Relevant to Position Applied for)	Province Issued	Year

ADMINISTRATIVE SUPPORT EXPERIENCE					
Computer Software Applications Used:	Courses 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		<input type="checkbox"/> Switchboard	<input type="checkbox"/> Cashier Systems	<input type="checkbox"/> Shorthand/Speed Writing
	<input type="checkbox"/> Front Counter		<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Other:

GENERAL INFORMATION				
Have you previously been employed with Langley City? <input type="checkbox"/> Yes – previous position: _____, <input type="checkbox"/> No			Are you legally entitled to work in Canada? (i.e. Citizen, 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)			Are you available for: <input type="checkbox"/> Weekend work or <input type="checkbox"/> Shift work	
Valid Driver's Licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's Licence Class:	Air Brakes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's Licence Number: (if relevant to the position applied for):	Province:

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 City of Langley? Yes No. If yes, please list. This information is required for the City to determine if there is a potential conflict of interest in the area of work you have applied for or may be considered for.

Name	Relationship	Position	Department

SELF ASSESSMENT

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

LABOUR / TRADES

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

RECREATION / FACILITIES

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Arenas | <input type="checkbox"/> Fine Arts Speciality: | <input type="checkbox"/> Program Leadership | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> BCRPA Fitness | <input type="checkbox"/> Ceramics | <input type="checkbox"/> Program Supervision | <input type="checkbox"/> Recreation Diploma |
| <input type="checkbox"/> BSW Course | <input type="checkbox"/> Dance | <input type="checkbox"/> Program Speciality: | <input type="checkbox"/> Refrigeration Operator |
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Music | <input type="checkbox"/> Fitness | <input type="checkbox"/> Refrigeration Plant Safety |
| <input type="checkbox"/> Concession Experience | <input type="checkbox"/> Theatre | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Retail Sales |
| <input type="checkbox"/> Community Group Experience | <input type="checkbox"/> Visual | <input type="checkbox"/> Outdoors | <input type="checkbox"/> "Serving it Right" |
| <input type="checkbox"/> CPR Level _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Preschool | <input type="checkbox"/> Special Events Experience |
| <input type="checkbox"/> Customer Service Experience | <input type="checkbox"/> First Aid Level _____ | <input type="checkbox"/> Seniors | <input type="checkbox"/> "Super Host" |
| <input type="checkbox"/> Facility Experience | <input type="checkbox"/> "Food Safe" | <input type="checkbox"/> Skating | <input type="checkbox"/> WHMIS |
| <input type="checkbox"/> Fine Arts Diploma | <input type="checkbox"/> Ice Makers Course | <input type="checkbox"/> Special Events | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Fine Arts Instruction | <input type="checkbox"/> Janitorial _____ years experience | <input type="checkbox"/> Sports | |
| | | <input type="checkbox"/> Youth / Children | |

AQUATIC POSITIONS ONLY: PLEASE NOTE CURRENT CERTIFICATIONS ONLY AND 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: _____ |
|--|--|

FITNESS POSITIONS ONLY: PLEASE NOTE CURRENT CERTIFICATIONS ONLY – LIST EXPIRY DATES

- | | |
|---|--|
| <input type="checkbox"/> BCRPA Certifications _____ | <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: _____ |
| <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 _____ | |

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.)

APPLICATION’S DECLARATION

Please read carefully before signing

I hereby certify:

1. 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 Langley City .
2. I agree, if requested, to provide proof of education, certificates, licences and an up-to-date driver’s abstract.
3. The City of Langley will conduct a criminal record check.
4. There will be a probationary work period during which my performance and suitability for the position will be reviewed.
5. My signature below grants the City permission to contact references as provided by me during the recruitment process.

Applicant’s Signature

Please Print Name

Today’s Date

Please attach additional pages if there is any aspect of your application on which you wish to elaborate.