



PLEASE PRINT

HR-1008

Human Resources

HEAVY EQUIPMENT OPERATOR APPLICATION FORM

PERSONAL INFORMATION

SECTION 1

Last Name _____ First Name _____ Middle Initial _____

Address _____

City/Town _____ Postal Code _____

Telephone (home) _____ (cell) _____ E-mail _____

1. Are you legally eligible to work in Canada? Yes No
2. Have you ever worked for the City of St. John's? Yes No If yes, when _____
3. Have you ever been interviewed by the City of St. John's? Yes No If yes, when _____
4. Have you completed the City's Equipment Operator Assessment process? Yes No If yes, when _____

QUALIFICATIONS (attach a current resume and all required documentation)

SECTION 2

Check the boxes below to ensure you meet the requirements for these positions. **A copy of all certificates is mandatory.** Applications without the required documentation attached will not be processed.

- Heavy Equipment Journeyperson Certification Certification # _____ Specify Equipment _____
- High School Graduate or equivalent School Name _____ Graduation Date _____
- Class 03 Newfoundland and Labrador Driver License
- Class 03 Newfoundland and Labrador Driver License with 08 traction engine endorsement
- Other license classes or endorsements Name(s) _____
- Current Driver's Abstract
- Power Lines Hazard Certificate Expiry Date _____
- First Aid Certification Expiry Date _____
- Traffic Control Certificate Expiry Date _____

EDUCATION

SECTION 3

Institution	Name of Program	Length and Dates of Program	Certificate, Diploma, License Obtained
College/University			
Technical/Vocational			
High School			
Other			

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA

1.	<p>Position Title _____</p> <p>Start Date _____ End Date _____</p> <p>General Duties/Responsibilities _____</p> <p>_____</p> <p>Reason for Leaving (<u>must</u> be completed) _____</p> <p>Name of Employer _____</p> <p>Employer Address _____</p> <p>Supervisor's Name _____ Telephone No. _____</p> <p>May we contact the supervisor for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
2.	<p>Position Title _____</p> <p>Start Date _____ End Date _____</p> <p>General Duties/Responsibilities _____</p> <p>_____</p> <p>Reason for Leaving (<u>must</u> be completed) _____</p> <p>Name of Employer _____</p> <p>Employer Address _____</p> <p>Supervisor's Name _____ Telephone No. _____</p> <p>May we contact the supervisor for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3.	<p>Position Title _____</p> <p>Start Date _____ End Date _____</p> <p>General Duties/Responsibilities _____</p> <p>_____</p> <p>Reason for Leaving (<u>must</u> be completed) _____</p> <p>Name of Employer _____</p> <p>Employer Address _____</p> <p>Supervisor's Name _____ Telephone No. _____</p> <p>May we contact the supervisor for a reference <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

EMPLOYMENT EXPERIENCE (continued...)

SECTION 5

4. Position Title _____
 Start Date _____ End Date _____
 General Duties/Responsibilities _____

 Reason for Leaving (must be completed) _____
 Name of Employer _____
 Employer Address _____
 Supervisor's Name _____ Telephone No. _____
 May we contact the supervisor for a reference Yes No

RELATED SKILLS – (all fields marked with an asterisk (*) are mandatory)

SECTION 6

SKILL	EXPLANATION OF SKILLS Describe the nature of the skill and provide specific examples (i.e. number of years operating, certifications, training, trade license, etc.)
* Loader Operating Experience (Describe Experience)	
* Tandem Operating Experience (Describe Experience)	
Computer Knowledge	
Mechanical Experience (Describe Experience)	
Other Related Experience	

PLEASE READ CAREFULLY BEFORE SIGNING

SECTION 7

Have you ever been convicted of a criminal offence for which a pardon has not been granted?
 Yes No

I certify that all information provided in this form, my resume and cover letter, and information presented during the interview process is truthful to the best of my knowledge. I understand that falsification of any of this information or omission of any pertinent information may disqualify this application for employment and if I am employed by the City of St. John's, it shall be considered sufficient cause for dismissal.
 I authorize the verification of any or all information listed above.

Applicant Signature _____ Date (yyyy-mm-dd) _____

Please send completed form, resume and all other required documentation to the Employee Relations Division by either of the following methods:

- In person: Department of Human Resources, Second Floor, City Hall Annex
- Mail: P.O Box 908, St. John's, NL A1C 5M2
- E-mail: hr@stjohns.ca