



APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION



POSITION APPLIED FOR: BUS OPERATOR	Date: _____
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PERSONAL INFORMATION

SURNAME	GIVEN NAME
ADDRESS	CITY PROVINCE POSTAL CODE
PHONE NUMBER - HOME	MESSAGE - BUSINESS NUMBER

PLEASE CHECK THE FOLLOWING

Are you legally entitled to work in Canada? Yes No (i.e. Canadian citizen, Landed immigrant status, work permit)

Date available for work (specify): _____

Can you work the following? Days Evenings Shift Weekends Overtime

Have you ever been employed by the City of Winnipeg? Yes No

If "Yes", which Department? _____ Year _____ Supervisor's Name _____

Do you have a valid driver's license? Yes No

If "Yes", Province _____ Class _____ Merits _____ Demerits _____ (cannot have more than 0 demerits)

Have you ever taken a defensive driving course? Yes No

If "Yes", Certificate Number _____ Date _____

EDUCATION AND TRAINING: (Note: If the following information is supplied on a resume, go to the next section.)			
	Name and Location	Highest Level Completed / Vocation	
HIGH SCHOOL			
POST-SECONDARY EDUCATION	Name and Location	Certificate, Diploma, Degree or Level Completed	Major/Specialty
COMMUNITY COLLEGE			
UNIVERSITY			
OTHER			

Professional qualification, memberships, licenses, etc _____

EMPLOYMENT HISTORY - LIST IN ORDER BEGINNING WITH PRESENT OR LAST EMPLOYER.

(NOTE: Failure to complete this section in detail could restrict your chances for employment. If more space is required, attach extra sheets).

1. Present/Last Employer			Address		
Position/Title		Supervisor's Name		Telephone Number	
Period of Employment			Reason for Leaving		
From	Month	Year	To	Month	Year
Describe Duties/Responsibilities					

2. Present/Last Employer			Address		
Position/Title		Supervisor's Name		Telephone Number	
Period of Employment			Reason for Leaving		
From	Month	Year	To	Month	Year
Describe Duties/Responsibilities					

3. Present/Last Employer			Address		
Position/Title		Supervisor's Name		Telephone Number	
Period of Employment			Reason for Leaving		
From	Month	Year	To	Month	Year
Describe Duties/Responsibilities					

4. Present/Last Employer			Address		
Position/Title		Supervisor's Name		Telephone Number	
Period of Employment			Reason for Leaving		
From	Month	Year	To	Month	Year
Describe Duties/Responsibilities					

Please explain any gaps in your work history shown on Page 2.

Can we contact your present employer for a reference check? ___Yes ___No

Were you ever dismissed or asked to resign from any position? ___Yes ___No
If "Yes", give details

Other work related and volunteer experience:

Do you have any physical limitations or health problems that may affect your performance in the type of work applied for? (I.e. confined spaces, heights, etc). ___Yes ___No
If "Yes", give details

LANGUAGES

English: Speak ___ Read ___ Write ___
French: Speak ___ Read ___ Write ___
OTHER: Speak ___ Read ___ Write ___

IMPORTANT - PLEASE NOTE

Applicants are advised that an offer of employment will be contingent upon the following:

- 1) obtaining a satisfactory employment reference check;
- 2) passing a physical examination, including a test for illegal drug and alcohol use;
- 3) passing a Police security check where applicable;
- 4) submitting proof of education, certificates, etc, if requested;
- 5) submitting a copy of your driving record (driver's abstract) at your expense, if requested.

Applicants are also advised that there is a probationary period of employment. During this period, the City of Winnipeg may terminate employment without notice if it determines that the employee is not suitable for the position.

CERTIFICATION OF APPLICANT

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I GRANT PERMISSION TO THE CITY OF WINNIPEG TO CARRY OUT WHATEVER PERSONAL INVESTIGATION IT FINDS NECESSARY CONCERNING THIS APPLICATION. I UNDERSTAND THAT FALSIFIED OR MISLEADING STATEMENTS AND OMISSIONS WILL RESULT IN REJECTION OF THIS APPLICATION, AND, IF EMPLOYED, MAY BE CAUSE FOR MY TERMINATION.

DATE

SIGNATURE

VOLUNTARY DECLARATION PROSPECTIVE CITY OF WINNIPEG EMPLOYEES

City of Winnipeg Employment Equity Questionnaire

The City of Winnipeg is committed to creating a diverse workforce and ensuring that all future and current employees are treated fairly with respect to recruitment, selection, promotion and training opportunities. Your responses will assist the City of Winnipeg in meeting its organizational goals.

The information you provide is for statistical purposes only and is maintained in a strictly confidential manner.

Please check the boxes that apply to you. Please note that a person may be a member of more than one designated employment equity group.

A. Male Female

B. Aboriginal Peoples Yes No
(Means First Nation, status or non-status Indian, Metis, or Inuit)

Please specify the group: _____

C. Visible Minorities Yes No
(Means persons other than Aboriginal, who are non-Caucasian or non-white in colour regardless of place of birth. E.g. Chinese, Filipino, Black, Asian, Latin American, other, etc.)

Please specify the group: _____

D. Physical or Mental Disability Yes No
(Means people who have a long-term or recurring physical, mental, psychiatric, sensory or learning impairment which limits the kind of activity that can be done in the workplace or could be perceived as a limitation. These include visible and non-visible disabilities.)

Please specify the type of disability: _____

If you have any questions about the Voluntary Declaration Form or about the City's commitment to equity and diversity, please contact:

Wellness & Diversity Branch
Corporate Services Department
The City of Winnipeg
4th Floor, 180 King St.
Winnipeg, MB R3B 3G8
Phone: (204) 986-2156

How did you find out about us? (Pick one)

Advertising:

Newspaper Ad
Bus Ad Bus Bench
Billboard Bus Shelter
Access 1-2-3

Media Attention:

Newspaper
Radio TV

Internet:

City Wpg. Transit
Govt / EI Job Bank Other

Other:

City Hall Walk-In
Word of Mouth
Employee Referral
(Print name on front of application)



BUS OPERATOR APPLICANTS

PLEASE CLEARLY PRINT ALL INFORMATION

SURNAME:		GIVEN NAME:	
ADDRESS - NUMBER & STREET:		HOME TELEPHONE:	BUS./MSG. NO.
CITY/TOWN:	PROVINCE:	POSTAL CODE:	

Have you ever applied to be a Winnipeg Transit Bus Operator before?

No Yes IF Yes, YEAR _____

Have you ever been scheduled for, or taken any of the following Winnipeg Transit Tests?

Public Relations Test: No Yes Pass Fail IF Yes, YEAR _____

Written Test: No Yes Pass Fail IF Yes, YEAR _____

Driver Aptitude Test: No Yes Pass Fail IF Yes, YEAR _____

Have you ever been interviewed? No Yes Pass Fail IF Yes, YEAR _____

DECLARATION: I understand that falsified or misleading statements and omissions will result in rejection of this application, and, if employed, may be cause for my termination.

DATE: _____

SIGNATURE: _____

<i>FOR OFFICE USE ONLY:</i>	Score	%	P/F	Date
PUBLIC RELATIONS				
WRITTEN				
DRIVER APTITUDE				
INTERVIEW				

COMMENTS:
