



Medicine Hat Public School Division



601 – 1st Avenue S.W., Medicine Hat, Alberta T1A 4Y7 Fax: (403) 529-5339 Phone: (403) 528-6734

Groundskeeper Application

NAME: _____

ADDRESS: _____ **POSTAL CODE:** _____

CITY: _____ **PHONE:** _____

EMAIL: _____

PAST EMPLOYMENT:

Employer	Type of Work

EDUCATION:

Current University or College: _____

Next Year's University or College: _____

Last Grade Enrolled in: _____

EXPERIENCE with power equipment (mowers, etc.): YES or NO (Circle One)

Valid Class 5 Driver's License: YES or NO (Circle One)

DATE AVAILABLE FOR WORK: _____

REFERENCES:

Signature: _____

Date: _____