



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT- IF AVAILABLE ATTACH RESUME)

PERSONAL DATA

LAST NAME:	FIRST NAME:	MIDDLE NAME:
PRESENT ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
HOME TELEPHONE: ()	WORK TELEPHONE: ()	ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF DRIVER'S LICENCE IN GOOD STANDING? <input type="checkbox"/> G <input type="checkbox"/> DZ <input type="checkbox"/> AZ <input type="checkbox"/> OTHER _____ (SPECIFY)		
ARE YOU? <input type="checkbox"/> UNDER 14 <input type="checkbox"/> 18+	HAVE YOU WORKED FOR THE TOWN BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES WHERE? _____	DO YOU HAVE A CRIMINAL RECORD FOR WHICH A PARDON HAS NOT BEEN GRANTED? <input type="checkbox"/> YES <input type="checkbox"/> NO

GENERAL

POSITION APPLIED FOR? _____	ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF HIRED WHEN CAN YOU START WORK?	DO YOU WANT TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY WOULD YOU ACCEPT TEMPORARY OR PART TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF ANY RELATIVE(S) EMPLOYED BY THE TOWN: _____ RELATIONSHIP: _____	
SUMMER STUDENT EMPLOYMENT ONLY? POSITION? _____ DATES? FROM: _____ TO: _____	

EDUCATION

	ELEMENTARY SCHOOL					SECONDARY SCHOOL					COLLEGE OR UNIVERSITY					OTHER
LEVEL COMPLETED	4	5	6	7	8	9	10	11	12	13	1	2	3	4	5	
CERTIFICATES, DIPLOMAS, DEGREES OBTAINED																
COURSE OF STUDY																
LIST ANY SPECIALIZED TRAINING, APPRENTICE SKILLS, AWARDS, PROFESSIONAL DESIGNATIONS, AND OTHER EDUCATION																

Education levels and degrees obtained are subject to verification if an offer of employment is extended.

EMPLOYMENT HISTORY (List in order starting with your present or most recent job)

PRESENT OR LAST EMPLOYER:	ADDRESS:	
TYPE OF BUSINESS:		
YOUR JOB TITLE:	PERIOD From (Mo/Yr) EMPLOYED: To (Mo/Yr)	FINAL SALARY:
NAME & TITLE OF IMMEDIATE SUPERVISOR:	REASON FOR LEAVING:	
PREVIOUS EMPLOYER:	ADDRESS:	
TYPE OF BUSINESS:		
YOUR JOB TITLE:	PERIOD From (Mo/Yr) EMPLOYED: To (Mo/Yr)	FINAL SALARY:
NAME & TITLE OF IMMEDIATE SUPERVISOR:	REASON FOR LEAVING:	

PREVIOUS EMPLOYER:	ADDRESS:	
TYPE OF BUSINESS:		
YOUR JOB TITLE:	PERIOD EMPLOYED: From (Mo/Yr) To (Mo/Yr)	FINAL SALARY:
NAME & TITLE OF IMMEDIATE SUPERVISOR:	REASON FOR LEAVING:	

WORK RELATED SKILLS:

HOBBIES, RECREATIONAL, COMMUNITY AND CLUB ACTIVITIES:
(do not list clubs, organizations or activities which refer to age, colour, ancestry, ethnic background, creed, marital status, nationality or origin of nationality, physical/mental disability, race, religion, sex or sexual orientation)

PLEASE READ CAREFULLY

By signing this form, I certify that I fully understand that falsification of any kind on this application or in my resume will result in immediate dismissal should I gain employment with the Corporation. If hired by the Corporation of the Town of New Tecumseth, I agree to be governed by all rules and regulations and agree to any conditions of employment in effect at the time of my employment or subsequent thereto.

Signature: _____ Date: _____ 200()

Unsolicited resumes be destroyed after being on file for one (1) year.

Personal information on this form is collected under the authority of Municipal Act, as amended, and will be used to determine eligibility for employment. Questions about this collection of personal information should be directed to the Manager of Human Resources, The Corporation of the Town of New Tecumseth, Box 910, 10 Wellington St. E., Alliston, ON, L9R 1A1.