



EMPLOYMENT APPLICATION

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NO.: _____

EMAIL ADDRESS: _____

POSITION YOU ARE APPLYING FOR

EDUCATION

ELEMENTARY LEVEL COMPLETED _____

HIGH SCHOOL LEVEL COMPLETED _____

COLLEGE/UNIVERSITY

TRAINING / CERTIFICATES

What other training, courses or certificates have you completed that are relevant to this Application? Please identify if these are currently valid or are expired.

EMPLOYMENT RECORD

1. Employer _____
From: _____ To: _____
Duties / Responsibilities: _____
Reason for Leaving: _____
Supervisor: _____ Phone No.: _____
2. Employer _____
From: _____ To: _____
Duties / Responsibilities: _____
Reason for Leaving: _____
Supervisor: _____ Phone No.: _____
3. Employer _____
From: _____ To: _____
Duties / Responsibilities: _____
Reason for Leaving: _____
Supervisor: _____ Phone No.: _____

REFERENCES

1. _____

2. _____

3. _____

COMMENTS

(Please provide additional information you feel may be related to the job you are applying for.)

The personal information provided on the Application is collected under the authority of the *Municipal Act, 2001, S.O. 2001, c. 25, as amended, s. 227* and will be used to assess your qualifications for the position(s) noted.

This Application will be retained in accordance with the Township's Records Retention By-Law and will then be destroyed unless you have been hired by the Township of Ear Falls within that period at which time it will be retained in your Personnel File.

The Township of Ear Falls is an Equal Opportunity Employer.

If you are offered employment, you may be required to complete a Criminal Reference Check, Driver's Abstract, and other payroll paperwork. Your SIN Number and bank account information will be needed. You cannot start work until this is completed. Failure to complete this information in a timely manner may result in an offer of employment being rescinded.

DECLARATION

The information provided in this Application is true and correct. I understand that any false statements may VOID this Application and may result in dismissal if I am already hired. I also consent to a representative of the Township of Ear Falls contacting the above noted employers to provide references.

Date of Application

Signature