

THE CORPORATION OF THE MUNICIPALITY OF ARRAN-ELDERSLIE

1925 Bruce Road 10, Box 70, Chesley, ON N0G 1L0

519-363-3039 Fax: 519-363-2203 areld@bmts.com

APPLICATION FORM

SECTION 1 (Completed by the applicant)

DATE OF APPLICATION:	DATE AVAILABLE TO START:	ARE YOU CURRENTLY EMPLOYED? [] YES [] NO
POSITION APPLIED FOR:		

SECTION 2 (Completed by the applicant)

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
CURRENT ADDRESS:		APARTMENT NUMBER:
CITY:	PROVINCE:	POSTAL CODE:
HOME TELEPHONE NO:		ALTERNATE TELEPHONE NO:
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?		[] YES [] NO
ARE YOU OVER THE AGE OF 16?		[] YES [] NO
DO YOU HAVE A VALID ONTARIO DRIVER'S LICENCE IN GOOD STANDING ?		[] YES [] NO CLASS _____
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH YOU HAVE NOT RECEIVED A PARDON?		[] YES [] NO
DO YOU HAVE ANY RELATIVES WHO WORK FOR THE MUNICIPALITY OF ARRAN-ELDERSLIE?		[] YES [] NO
IF YES, PLEASE STATE THE NAME OF THE PERSON:		

SECTION 3 (Completed by the applicant)

EDUCATION:	<input type="checkbox"/> Completed Elementary	<input type="checkbox"/> Completed High School	<input type="checkbox"/> Completed College
	<input type="checkbox"/> Obtained University Degree	<input type="checkbox"/> Other (please specify)	
PLEASE INDICATE HIGHEST GRADE LEVEL COMPLETED OR DIPLOMA AND/OR DEGREES OBTAINED:			

SECTION 4 (Completed by the applicant)

ADDITIONAL EDUCATION, LICENCES OR TRAINING:

Personal information on this form is collected pursuant to the *Municipal Act, 2001, S.O. 2001, C.25*, as amended. This information will be used for the purpose of determining eligibility for employment.

SECTION 5 – BEGIN WITH MOST RECENT JOB (Completed by the applicant)

NAME OF EMPLOYER:		TYPE OF BUSINESS:
ADDRESS:		PHONE NUMBER:
MUNICIPALITY:	PROVINCE	POSTAL CODE:
NAME OF SUPERVISOR:		FOR PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES/RESPONSIBILITIES:		
REASON FOR LEAVING (IF APPLICABLE):		
NAME OF EMPLOYER:		TYPE OF BUSINESS:
ADDRESS:		PHONE NUMBER:
MUNICIPALITY:	PROVINCE	POSTAL CODE:
NAME OF SUPERVISOR:		FOR PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES/RESPONSIBILITIES:		
REASON FOR LEAVING:		

NAME OF EMPLOYER:		TYPE OF BUSINESS:
ADDRESS:		PHONE NUMBER:
MUNICIPALITY:	PROVINCE	POSTAL CODE:
NAME OF SUPERVISOR:		FOR PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
DUTIES/RESPONSIBILITIES:		
REASON FOR LEAVING :		

SECTION 5 (Completed by the applicant)

I confirm all of the information provided is true and accurate. I understand that any misrepresentation may disqualify me from employment and/or cause my dismissal. I also authorize the use of information provided on this application for obtaining employment references as indicated above.	
SIGNATURE:	DATE: