

APPLICATION FORM



POSITION APPLIED FOR (FILE #) _____

SECTION 1 (Completed by the applicant)

DATE OF APPLICATION: / ___ / ___ / ___ DD MM YY	SHIFTS AVAILABLE TO WORK: Nights <input type="checkbox"/> Afternoons <input type="checkbox"/> Days <input type="checkbox"/>	DATE AVAILABLE TO START: / ___ / ___ / ___ DD MM YY	ARE YOU CURRENTLY EMPLOYED?: Yes <input type="checkbox"/> No <input type="checkbox"/>
PERMANENT ___ TEMPORARY ___ PART TIME ___ (PLEASE CHECK)			

SECTION 2 (Completed by the applicant)

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
CURRENT ADDRESS:		CITY:
PROVINCE:	POSTAL CODE:	E-MAIL:
HOME PHONE NUMBER:	ALTERNATE PHONE NUMBER:	

(1) ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(2) ARE YOU OVER THE AGE OF 16?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(3) DO YOU HAVE A VALID ONTARIO DRIVER'S LICENCE IN GOOD STANDING?	Yes <input type="checkbox"/> No <input type="checkbox"/> class: _____
(4) HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH YOU HAVE NOT RECEIVED A PARDON?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(5) DO YOU HAVE ANY RELATIVES WHO WORK FOR THE CITY OF VAUGHAN	Yes <input type="checkbox"/> No <input type="checkbox"/>
IF YES, PLEASE STATE THE NAME OF THE PERSON:	

SECTION 3 (Completed by the applicant)

EDUCATION: Completed Elementary <input type="checkbox"/> Completed High School <input type="checkbox"/> Completed College <input type="checkbox"/> Obtained University Degree <input type="checkbox"/> Other <input type="checkbox"/> (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:

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

NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:			PHONE NUMBER:
CITY:	PROVINCE:		POSTAL CODE:
JOB TITLE:		START DATE: / / DD MM YY	LAST DAY WORKED: / / DD MM YY
NAME OF SUPERVISOR:		FOR THE PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>	
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:			PHONE NUMBER:
CITY:	PROVINCE:		POSTAL CODE:
JOB TITLE:		START DATE: / / DD MM YY	LAST DAY WORKED: / / DD MM YY
NAME OF SUPERVISOR:		FOR THE PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>	
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:			PHONE NUMBER:
CITY:	PROVINCE:		POSTAL CODE:
JOB TITLE:		START DATE: / / DD MM YY	LAST DAY WORKED: / / DD MM YY
NAME OF SUPERVISOR:		FOR THE PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>	
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

SECTION 6 (Completed by the applicant)

I confirm all of the information provided is true and accurate. I understand that any misrepresentations 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: / / DD MM YY
		TIME: AM <input type="checkbox"/> PM <input type="checkbox"/>

Copies to: File - original