



EMPLOYMENT APPLICATION

<p>INSTRUCTIONS</p> <p>Please complete all sections as thoroughly as possible, even if you are attaching a resume. It is necessary to provide complete information as this will be used to determine eligibility and qualifications for a position.</p> <p>A separate application is required for each position/competition. Applications must be received at the appropriate closing location by the date indicated in the advertisement.</p> <p>An electronic version of this form is available at www.iroquoisfalls.com.</p> <p>The personal information requested on this form is collected and managed as per applicable Privacy Legislation.</p> <p>All information provided will be considered as supplied in confidence.</p>	<p>OFFICE USE ONLY</p> <p>DATE RECEIVED</p>
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POSITION INFORMATION

POSITION BEING APPLIED FOR	DATE AVAILABLE TO BEGIN WORK
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PERSONAL INFORMATION

LAST NAME	FIRST NAME	INITIALS	RESIDENCE TELEPHONE NO. ()
MAILING ADDRESS			MOBILE TELEPHONE NO. – or message ()
Street No & Street Name _____		PO Box _____	EMAIL ADDRESS
City	Prov.	Postal Code	

LEGAL STATUS TO WORK IN CANADA – documentation may be required

CANADIAN CITIZEN
 WORK PERMIT
 LANDED IMMIGRANT/PERMANENT RESIDENT
 OTHER – please specify:

EDUCATION & TRAINING

Please describe secondary, post-secondary, courses and training which have given you work related knowledge and skills. Start with highest level achieved and specify the degrees, certificates or diplomas completed. Official documentation may be required. Attach a separate page if necessary.

NAME OF INSTITUTION OR ORGANIZATION	LOCATION	YEAR TAKEN	AREA OF STUDY / COURSE	GRADE / CERTIFICATION / DIPLOMA / DEGREE	COMPLETED YES NO (✓)	
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

ASSOCIATION / PROFESSIONAL AFFILIATIONS

List any active memberships or registrations in a professional or career related organization or society.

WORK HISTORY

Have you previously been employed by The Town of Iroquois Falls? NO YES, indicate location and dates:

Beginning with your most RECENT experience, describe your work history. You may wish to include relevant volunteer positions. In the area for "Duties and Skills" describe the *major* duties and skills acquired/used as they relate to the position you are applying for. If any references have known you by a previous name, please specify. Attach additional pages if required.

EMPLOYER AND LOCATION	FROM: YYYY / MM / DD	TO: YYYY / MM / DD
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POSITION HELD	REASON FOR LEAVING	SUPERVISOR – REFERENCE / TELEPHONE NO.
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DUTIES AND SKILLS

EMPLOYER AND LOCATION	FROM: YYYY / MM / DD	TO: YYYY / MM / DD
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POSITION HELD	REASON FOR LEAVING	SUPERVISOR – REFERENCE / TELEPHONE NO.
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DUTIES AND SKILLS

EMPLOYER AND LOCATION	FROM: YYYY / MM / DD	TO: YYYY / MM / DD
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POSITION HELD	REASON FOR LEAVING	SUPERVISOR – REFERENCE / TELEPHONE NO.
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DUTIES AND SKILLS

SKILLS / ACHIEVEMENTS

Briefly summarize your knowledge and major skills / achievements which relate to the advertised position or, if this is a general application, to the position(s) that interests you. You may use this space to enter other information you would like us to consider in reviewing your application. Attach additional pages if required.

DRIVER'S LICENSE INFORMATION

Provide the following information if applying for a position where driving is a requirement.

List class(es) of valid driver's license

List any restrictions / endorsement definitions on license.

REFERENCES

Reference checks will be conducted to assess your past work performance and may include checks of attendance records. In addition to the references identified in the "Work History" section, you may wish to provide further references. If any references have known you by a previous name, please specify.

NAME	TELEPHONE NO.	RELATIONSHIP

APPLICANT SIGNATURE

Please read carefully before authorizing. This application is not valid unless your name, as authorization, is signed or written in the "Signature" space provided below.

Your authorization on this application form is your consent that as a condition of being considered for employment at Town of Iroquois Falls, references about past work performance will be obtained from your current and previous employers.

I certify that the information provided in this application or attachments / resume is true and complete. I understand that if any information in this application or attachments / resume is found to be untrue or incomplete, my application may be rejected or I may be terminated for just cause in the event that I am the successful applicant.

SIGNATURE	DATE SIGNED
X	