

TOWNSHIP OF SEGUIN

Form 8.6.1(a)
(PLEASE PRINT LEGIBLY)

APPLICATION FOR EMPLOYMENT

Your application for employment will be considered should any vacancies occur that require your skills, for a period of ninety (90) days from the date of application. After the 90 day period has expired, you must complete and file a new application to be considered.

Position for which you are applying:	Date available to begin work:
--------------------------------------	-------------------------------

Personal Data		
Name:	Address:	Home Phone:

City:	Province:	Postal Code:	Business Phone:
-------	-----------	--------------	-----------------

Are you legally eligible to work in Canada? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	Type of work being sought (<input type="checkbox"/>) full time (<input type="checkbox"/>) part-time (<input type="checkbox"/>) summer student	Are you willing to relocate? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No
--	--	---

Minimum annual salary expected	Are you willing to consider an alternative position to the one applied for? (<input type="checkbox"/>) Yes (<input type="checkbox"/>) No	Preferred location
--------------------------------	--	--------------------

Education
(Do not include school names)

Elementary or Secondary School: Major subject area:	Highest grade or level achieved	Academic achievements or awards received
---	---------------------------------	--

Type of diploma received:	Overall standing or average:	
---------------------------	------------------------------	--

Community College: Name of Program:	Highest grade or level achieved:	Academic achievements or awards received
---	----------------------------------	--

Length of Program:	Overall standing or average:	
Type of certificate or diploma received:		

University: Major subject:	Highest level completed:	Academic achievements or awards received
--------------------------------------	--------------------------	--

Length of program:	Overall standing or average:	
Type of degree(s) received:		

Business, Trade or Technical School: Name of Course:	Length of Program:	Skills required:
--	--------------------	------------------

License, certificate or diploma received:

Other:

List any other career-related workshops or seminars attended, including name of course, date taken and description of program:

Employment History

(Starting with your current or most recent employer, please provide us with the following information. You may attach a separate sheet.)

Name, address and telephone number of employer	Type of business	Employed From: To:
List all positions held with this employer, including dates during which each position was held:		
Name and title of supervisor(s)	Final annual salary	Reason for leaving
Duties/responsibilities including how often performed	List any significant achievements made or attained in this position	
Name, address and telephone number of employer	Type of business	Employed From: To:
List all positions held with this employer, including dates during which each position was held:		
Name and title of supervisor(s)	Final annual salary	Reason for leaving
Duties/responsibilities including how often performed	List any significant achievements made or attained in this position	
Name, address and telephone number of employer	Type of business	Employed From: To:
List all positions held with this employer, including dates during which each position was held:		
Name and title of supervisor(s)	Final annual salary	Reason for leaving
Duties/responsibilities including how often performed	List any significant achievements made or attained in this position	

Work Related Skills

Describe any of your work related skills, experience or training that relates to the position for which you are applying. Include any abilities in the use of machines, tools, equipment, computers, etc.

Professional Development

List those activities that have assisted you in your career or professional development and state how each activity assisted you.

References

For reference purposes, may we approach your present/last employer? Yes No Your former employer? Yes No
List *job-related* references and telephone numbers if different from those listed as present and previous employers. (Exclude family members)

Please use the reverse of this page to provide any other information that would assist us in assessing your qualifications for this position. Do not include any information indicative of race, ancestry, place of origin, colour, ethnic, citizenship, creed, sex, sexual orientation, age, record of offences, marital status, family status or handicap.

I understand that I may be required to provide legal proof of my ability to work in Canada and submit to a medical examination, if a condition offer of employment is made.

I certify that the information contained in this application is true and complete, to my knowledge. I understand that a false statement may disqualify me from my employment or cause my dismissal.

I authorize individuals, schools, current and previous employers named in this application to provide you with any relevant information you require, with the exception of any references refused above.

Signature

Date