



## Employment Application for Full Time, Casual, Part-Time or Summer

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

### PERSONAL DATA (Please Print Clearly)

NAME \_\_\_\_\_ TELEPHONE Home \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ e-mail: \_\_\_\_\_

Postal Code \_\_\_\_\_

LANGUAGES SPOKEN  English  French Other: \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

Applying for:  Full-time  Part-time Will you work shift work?  Yes  No

### EDUCATION

DO YOU HAVE GRADE 12 OR EQUIVALENT?  YES  NO

### EMPLOYMENT/VOLUNTEER HISTORY

| Employer/Placement | Brief Description of Responsibilities (Job Title) | Period of Employment |
|--------------------|---|----------------------|
|--------------------|---|----------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

### GENERAL INFORMATION

Please list relevant qualifications, certifications, or licenses you possess?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What machinery/equipment are you licensed for and operate competently?

\_\_\_\_\_

\_\_\_\_\_

### FOR SUMMER APPLICATIONS ONLY

Are you a full-time student?  YES  NO School \_\_\_\_\_

If yes, will you be a full-time student next fall?  YES  NO Program \_\_\_\_\_

### DECLARATION OF APPLICANT

I understand that I have authorized investigation of all statements and claims contained in this application and I hereby certify that, to the best of my knowledge and belief, the answers given by me and the statements made are correct. I have willingly divulged the information contained in this application and I have not answered any questions in this application which I feel infringe on my civil rights or for which I will subsequently seek remedy or action against the Town of Blind River. I understand that any false information or consequential omission is cause for immediate dismissal.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of applicant