



Application for Full-Time Employment

Please Print and Answer All Questions

**Please be advised that applications will not be acknowledged.
Applicants to be interviewed will be notified.**

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Name: _____
Last Name Given Names

Address: _____
Number Street Apt #

_____ City Postal Code

Telephone: _____
Residence Other

Social Insurance Number: _____

.....

Position Applying For:

Position

Have you ever worked for the
Town of Whitchurch-Stouffville before?
Yes No

Times you are available for work:
Days: Weekdays Weekends
Times: Mornings Afternoons Evenings

If yes: _____
Position Date

List any relatives working for the Town:

.....

Education: Are you presently attending school?
Yes No

Office Use Only

Highest grade/level completed: _____

Name of School: _____

Area of Specialty: _____

Certifications and Skills

Check all CURRENT awards and skills that apply to you:

Licences & Certifications

- Cashier
- Receptionist
- Computer Skills
- Class G Licence
- Class A Licence
- Class DZ Licence
- Pool Operators Certificate
- Class B Refrigeration
- Stationary engineer
- Welding

Skills, Training & Experience (list any others which you feel may be relevant)

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-
-
-

Additional Information

Provide any additional information about relevant skills and experience and/or attach resume.

Return Application To:

Administrative Assistant - Clerk's Department
37 Sandiford Drive, 4th Floor
Stouffville, Ontario
L4A 7X5

Work History

List below your work experience beginning with your present or last position. Include summer and part time employment if you recently completed school. (Resumes recommended.)

1.

Employer / Position

Supervisor's Name and Title: _____

Period Employed: _____
From: _____ To: _____

Responsibilities: _____

Reason(s) for leaving: _____

Salary on leaving: _____

2.

Employer / Position

Supervisor's Name and Title: _____

Period Employed: _____
From: _____ To: _____

Responsibilities: _____

Reason(s) for leaving: _____

Salary on leaving: _____

How were you referred to us?

Check all that apply to you.

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Employment/Other Agency |
| <input type="checkbox"/> School | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> WEB | <input type="checkbox"/> Other |

It is understood and agreed that any misrepresentation made by me in connection with this application may be sufficient cause for cancellation of the application or, if I have been employed, cause for separation.

Personal information on this form is collected under the authority of the Municipal act, R.S.O. 1990, C.M. 45, as amended, and will be used to determine eligibility and suitability for employment with the Town of Whitchurch-Stouffville. Questions about this collection of information should be directed to the Clerk of the Town of Whitchurch-Stouffville, 37 Sandiford Drive, Stouffville, Ontario, L4A 7X5, Telephone Number 905-640-1900 or 905-895-2423.

Signature: _____

Date: _____

Revised May, 2005