



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.

Name:

Last Name

Given Names

Address:

Number

Street

Apt #

City

Postal Code

Telephone:

Residence

Other

Position Applying For:

Position

Program

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

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
- Typing
- 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)

-
-
-
-
-
-

Additional Information

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

Return Application To:

Human Resources Department
37 Sandiford Drive, 4th Floor
Stouffville, Ontario
L4A 7X5

Revised Jan.1, 2010

Work History

List below any volunteer or paid positions you have held relative to the positions you are now applying for. (Resumes recommended.)

1.

Employer / Position

Period Employed: _____
From: _____ To: _____

2.

Employer / Position

Period Employed: _____
From: _____ To: _____

3.

Employer / Position

Period Employed: _____
From: _____ To: _____

4.

Employer / Position

Period Employed: _____
From: _____ To: _____

How were you referred to us?

Check all that apply to you.

- Newspaper
- Employment/Other Agency
- School
- Word of Mouth
- WEB
- 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: _____