

APPLICATION FORM



The City Above Toronto

SECTION 1 (Completed by the applicant)

DATE OF APPLICATION: ____/____/____ DD MM YY	SHIFTS AVAILABLE TO WORK: Nights __ Afternoons __ Days __	DATE AVAILABLE TO START: ____/____/____ DD MM YY	ARE YOU CURRENTLY EMPLOYED?: <input type="checkbox"/> Yes <input type="checkbox"/> No
POSITION APPLIED FOR (FILE #)		PERMANENT _____ TEMPORARY _____ PART TIME _____ (PLEASE CHECK)	

SECTION 2 (Completed by the applicant)

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
CURRENT ADDRESS:		APARTMENT NUMBER:
CITY:	PROVINCE:	POSTAL CODE:
HOME PHONE NUMBER:	ALTERNATE PHONE NUMBER:	
(1) ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) ARE YOU OVER THE AGE OF 16?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(3) DO YOU HAVE A VALID ONTARIO DRIVER'S LICENCE IN GOOD STANDING?	<input type="checkbox"/> Yes <input type="checkbox"/> No class _____	
(4) HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH YOU HAVE NOT RECEIVED A PARDON?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(5) DO YOU HAVE ANY RELATIVES WHO WORK FOR THE CITY OF VAUGHAN	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, PLEASE STATE THE NAME OF THE PERSON:		

SECTION 3 (Completed by the applicant)

EDUCATION: <input type="checkbox"/> Completed Elementary <input type="checkbox"/> Completed High School <input type="checkbox"/> Completed College <input type="checkbox"/> Obtained University Degree <input type="checkbox"/> Other (please specify): _____
PLEASE INDICATE HIGHEST GRADE LEVEL COMPLETED OR DIPLOMA AND/OR DEGREES OBTAINED:

SECTION 4 (Completed by the applicant)

ADDITIONAL EDUCATION, LICENCES OR TRAINING:

PERSONAL INFORMATION ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICIPAL ACT, 2001, S.O. 2001, C.25 AS AMENDED. THIS INFORMATION WILL BE USED FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR EMPLOYMENT. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE MANAGER, EMPLOYEE RELATIONSHIPS, HUMAN RESOURCES, CITY OF VAUGHAN, 2141 MAJOR MACKENZIE DRIVE, VAUGHAN, ONTARIO. L6A 1T1, (905) 832- 8585 .

APPLICATION FORM

SECTION 5 – BEGIN WITH MOST RECENT JOB (Completed by the applicant)

NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:		PHONE NUMBER:	
CITY:	PROVINCE:	POSTAL CODE:	
JOB TITLE:	START DATE: ____/____/____ <small>DD MM YY</small>	LAST DAY WORKED: ____/____/____ <small>DD MM YY</small>	
NAME OF SUPERVISOR:		FOR THE PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			
NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:		PHONE NUMBER:	
CITY:	PROVINCE:	POSTAL CODE:	
JOB TITLE:	START DATE: ____/____/____ <small>DD MM YY</small>	LAST DAY WORKED: ____/____/____ <small>DD MM YY</small>	
NAME OF SUPERVISOR:		FOR THE PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			
NAME OF EMPLOYER:		TYPE OF BUSINESS:	
ADDRESS:		PHONE NUMBER:	
CITY:	PROVINCE:	POSTAL CODE:	
JOB TITLE:	START DATE: ____/____/____ <small>DD MM YY</small>	LAST DAY WORKED: ____/____/____ <small>DD MM YY</small>	
NAME OF SUPERVISOR:		FOR THE PURPOSES OF OBTAINING EMPLOYMENT INFORMATION MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
DUTIES/RESPONSIBILITIES:			
REASON FOR LEAVING:			

SECTION 5 (Completed by the applicant)

I confirm all of the information provided is true and accurate. I understand that any misrepresentations may disqualify me from employment and/or cause my dismissal. I also authorize the use of information provided on this application for obtaining employment references as indicated above.		
SIGNATURE:	DATE: ____/____/____ <small>DD MM YY</small>	TIME: am pm

Copies to: File - original