



THE CORPORATION OF THE MUNICIPALITY OF CLARINGTON
 40 TEMPERANCE STREET, BOWMANVILLE, ONTARIO L1C 3A6

EMPLOYMENT APPLICATION

Phone: 905-623-3379

FAX: 905-623-0608

(PLEASE PRINT CLEARLY)

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meet your qualifications. Date: _____

Position(s) applied for _____	
Would you work Full-Time _____ Part-Time _____	Specify days and hours if part time _____
Were you previously employed by us? _____ If yes, when? _____	
If your application is considered favourably, on what date will you be available for work? _____ 20__	

*PERSONAL

Last Name		Given Name(s)		Social Insurance Number	
Address		Street		Apt.No.	
City		Province		Postal Code	
				Home Telephone Number	
				Business Telephone Number.	

To determine your qualifications for employment, please provide below and on the reverse, information related to your academic and other achievements including voluntary work, as well as employment history. Additional information may be attached on a separate sheet.

EDUCATION				
HIGH SCHOOL		BUSINESS, TRADE OR TECHNICAL SCHOOL		
Highest Grade or level completed		Name of Course		Length of Course
Type of certificate or diploma received		License, certificate or diploma awarded?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
COMMUNITY COLLEGE		UNIVERSITY		
Name of Program		Length of Program		Length of Course
				Degree Awarded
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Diploma received?		Major subject		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other courses, workshops, seminars		Licenses, Certificates, Degrees		
Work-related skills				
Describe any of your work related skills, experience, or training that relates to the position being applied for.				

***IMPORTANT NOTICE:** Legislation prohibits discrimination in employment practices because of age, ancestry, colour or ethnic background, creed, language (in Province of Quebec), marital or civil status, family status, nationality, citizenship, national or social origin/conditions, physical or mental disability/handicap, place of origin, record of offences, political opinion, race, religion, sex or sexual orientation, and any inquiries, verbal or written, which would require an applicant to discuss information about these areas, are strictly prohibited.

List below all present and past employment, beginning with your most recent

Name and Address of present/last employer	Present/Last job title	
	Period of Employment From: _____ To: _____	Present/Last Salary
	Name of Supervisor	Telephone
Type of Business	Reason for Leaving	
Duties/Responsibilities		
Name and Address of present/last employer	Present/Last job title	
	Period of Employment From: _____ To: _____	Present/Last Salary
	Name of Supervisor	Telephone
Type of Business	Reason for Leaving	
Duties/Responsibilities		
Name and Address of present/last employer	Present/Last job title	
	Period of Employment From: _____ To: _____	Present/Last Salary
	Name of Supervisor	Telephone
Type of Business	Reason for Leaving	
Duties/Responsibilities		

For employment references, may we approach:

- Your present/last employer? Yes No
- Your former employers? Yes No

List references if different than above on a separate sheet.

Have you attached an additional sheet?
 Yes No

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature

Date

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE MUNICIPAL FREEDOM AND PROTECTION OF PRIVACY ACT AND WILL BE USED FOR THE PURPOSE OF JOB SELECTION. WE THANK ALL APPLICANTS FOR THEIR INTEREST, HOWEVER ONLY THOSE UNDER CONSIDERATION WILL BE CONTACTED.