

# Application For Employment



The Corporation of the  
Municipality of Wawa

The Human Rights Codes prohibits discrimination in employment because of race, ancestry, place of origin, colour, national or ethnic origin, citizenship, religion, creed, sex or sexual orientation, age, marital or family status, record of offenses (including an offense in respect of any provincial statute), handicap, disability, language (Province of Quebec).

The information solicited/collected in this application for employment is done under the authority of Section 29 (2) of the Municipal Freedom of Information and Protection of Privacy Act for the purposes of assessing eligibility for employment. Any inquiries concerning the collection and use of this information should be referred to the Chief Administrative Officer, Municipality of Wawa, 40 Broadway Avenue, P.O. Box 500, Wawa, Ontario, P0S 1K0, Telephone: (705) 856-2244.

Competition No. (If applicable) \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL (Please print)

Name \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
No. Street City Province Postal Code

Telephone No. ( ) \_\_\_\_\_

Job(s) applied for 1. \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_ per \_\_\_\_\_  
2. \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_ per \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Do you want to work  Student Only  Full Time  Part Time. Specify days and hours if part time

Have you worked for us before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with us?  
(If necessary, additional space is provided to complete this section on Page 3 under Personal References). Please exclude activities which would indicate any prohibited grounds of discrimination listed above.

If hired, do you have reliable means of transportation to get to work? \_\_\_\_\_

## EDUCATIONAL BACKGROUND

	Elementary School					High School					Undergraduate College/University				Graduate/Professional			
Years Completed <i>(circle one)</i>	4	5	6	7	8	9	10	11	12	13	1	2	3	4	1	2	3	4
Diploma/Degree																		
Describe Course of Study (Do Not Give Name of School)																		
Describe any specialized training, apprenticeship skills and extra-curricular activities																		
Describe any honours you have received																		

## PRIOR WORK HISTORY (LIST IN ORDER, LAST OR PRESENT EMPLOYER FIRST)

DATES		NAME AND ADDRESS OF EMPLOYER	RATE OF PAY		SUPERVISOR'S NAME	REASON FOR LEAVING
FROM	TO		START	FINISH		
Describe in detail the work you did						

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Describe in detail the work you did						

May we contact the employers listed above? \_\_\_\_\_ If not, indicate below which one(s) you do not wish us to contact.

\_\_\_\_\_

## PERSONAL REFERENCES

Give the names of at least three (3) persons who can supply information pertinent to your job performance (excluding former employers or relatives).

	NAME AND OCCUPATION	ADDRESS	PHONE NUMBER
1			
2			
3			
4			

Occasionally, the form of an application blank makes it difficult for an individual to adequately summarize their complete background. To assist us in finding the proper position for you in our municipality, use the space below to summarize any additional information necessary to describe your full qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with this municipality will be based only on your merit and on no other consideration.

### *PLEASE READ CAREFULLY APPLICANT'S CERTIFICATION AND AGREEMENT*

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant: \_\_\_\_\_

**APPLICANT – COMPLETE THIS SECTION ONLY AFTER YOU ARE HIRED**

Do not answer any *italicized* questions below the double line unless the Employer has checked the box next to the question. A check indicates that the information requested is needed for (1) Benefit programs, (2) is in compliance with national security laws, or (3) other legally permissible reasons (income tax deductions, etc.)

- Date of Birth* \_\_\_\_\_
- Sex*                       *Male*                       *Female*
- What is your marital status?*     *Single*     *Engaged*     *Married*     *Separated*     *Divorced*     *Widowed*
- How many dependents do you have (including yourself)?* \_\_\_\_\_
- What is your Social Insurance Number?* \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**For Personnel Department Use Only**

**INTERVIEW**     Yes     No                      Date \_\_\_\_\_                      Hour \_\_\_\_\_

Result of Interview \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolution No. \_\_\_\_\_    Start Rate \_\_\_\_\_    Start Date \_\_\_\_\_    Occupation \_\_\_\_\_  
Department \_\_\_\_\_    Account No. \_\_\_\_\_    Employee No. \_\_\_\_\_  
Expected Date of Termination \_\_\_\_\_  
Interviewed by \_\_\_\_\_    Employed by \_\_\_\_\_

Department Head Approval \_\_\_\_\_    Date \_\_\_\_\_  
CAO Approval \_\_\_\_\_    Date \_\_\_\_\_  
Council Approval \_\_\_\_\_    Date \_\_\_\_\_