

TOWNSHIP OF HORNEPAYNE

68 FRONT STREET, PO BOX 370, HORNEPAYNE ONTARIO P0M 1Z0
 Tel: 807 868 2020 Fax: 807 868 2787



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone	E-mail Address		
Date Available	Do you hold a Valid Driver's License	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Position Applied for			
Are you a Canadian citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a criminal offense/felony for which a pardon has not been granted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma
College/University		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references. May we contact your professional references? YES <input type="checkbox"/> NO <input type="checkbox"/></i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
My signature below certifies that :	
I certify that my answers are true and complete to the best of my knowledge and belief.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in refusal of employment and constitute sufficient cause for dismissal/discharge.	
I authorize the verification of the above information and any other necessary inquiries that may be needed to determine my suitability for employment.	
I authorize the Township of Hornepayne to contact any of the references provided by me for the purpose of a reference check.	
I understand that this application for employment does not constitute an employment offer.	
In order to assess your application for employment, the Township of Hornepayne needs to collect personal information about you which may be regulated by the Personal Information Protection and Electronic Documents Act ("PIPEDA"). By completing this form, you hereby consent to the use of the information obtained on this form and in the interview process to assess your experience and verify your qualifications and previous employment by the Township of Hornepayne. If hired, this information will be maintained in your personnel file. If not hired, the application form and any other notes will be retained for a minimum period of six months.	
Signature	Date