



APPLICATION FOR EMPLOYMENT

IDENTIFICATION

Last Name:		
First Name:		
Home Address:	Town:	Postal Code:
Contact Phone No. (s):		
Driver's Licence Class:		

PERSONAL DATA

Are you between the ages of 18 and 65?	YES	NO
Are you legally entitled to work in Canada?	YES	NO
Have you ever been bonded?	YES	NO
Are you Bondable now?	YES	NO
Are you a former employee?	YES	NO
If yes, give date & dept.		
Will you work overtime?	YES	NO
Will you accept a posting outside Muskoka/Parry Sound Districts?	YES	NO
Position being applied for:	Date available to begin work:	

EDUCATION

SECONDARY SCHOOL:		
Highest Grade or Level Completed:	Type of Certificate or Diploma Received:	
COMMUNITY COLLEGE:		
Name of Program:	Length of Program:	
Diploma received?	Yes	No
Other Courses, workshops, seminars:		



EDUCATION CONTINUED

BUSINESS, TRADE OR TECHNICAL SCHOOL:			
Name of Course:		Length of Course:	
Licence, certificate or diploma awarded?			
UNIVERSITY:			
Length of Course:		Degree Awarded? Yes No	
Pass:		Honours:	
Major subject:		Licences, Certificates, Degrees:	

Describe any of your work related skills, experience or training that relate to the position being applied for:

EMPLOYMENT HISTORY

Name and Address of Present/Last Employer:		
Period of Employment	From:	To:
Name of Supervisor:	Type of Business:	
Duties/Responsibilities:		
Name and Address of Present/Last Employer:		
Period of Employment	From:	To:
Name of Supervisor:	Type of Business:	
Duties/Responsibilities:		

I hereby agree that if any of the above statements are false, Management has the right to reject this application or rescind any appointment to a position.

Date: _____ Name: _____ Signature (if submitted to head office) _____