

# APPLICATION FOR EMPLOYMENT



In accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, the information on this form is gathered pursuant to the *Municipal Act*, R.S.O. 1990, c. M. 45, and will be used to determine the qualifications for employment with the Town of Milton. Questions about the collection should be directed to the Director of the Department that you have applied to 150 Mary St., Milton, Ontario, L9T 6Z5.

Date: \_\_\_\_\_

Department Applying To: \_\_\_\_\_

If applying to more than one Department, please complete additional application forms.

Job(s) applied for: 1. \_\_\_\_\_  
2. \_\_\_\_\_

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

Are you available to work:  Full-Time,  Part-Time,  Contract,  Seasonal. Specify days and hours if part-time.

\_\_\_\_\_

## PERSONAL DATA

Name \_\_\_\_\_

Last

First

Middle Initial

Present Address \_\_\_\_\_

No.

Street

Town

Province

Code

Telephone No. \_\_\_\_\_

Are you less than 18 years of age?  yes  no

Are you legally eligible to work in Canada?  yes  no

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

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

Have you ever been convicted of a criminal offence for which a pardon has not been granted? \_\_\_\_\_

\_\_\_\_\_

## EDUCATION BACKGROUND

		High School					Undergraduate College/University				Graduate/ Professional			
Years Completed		9	1 0	1 1	1 2	1 3	1	2	3	4	1	2	3	4
Degree/Diploma														
Describe Course of Study														
Describe any honours/awards you have received.														
If Job related, describe any specialized training, apprenticeship skills and extra-curricular activities.	Specialized training would include aquatics, computer, ice refrigeration, supervisory, special needs, etc.													
If Job related, describe knowledge of equipment and vehicles.	Please indicate class of valid motor vehicle license and heavy or light equipment experience.													

## PRIOR WORK HISTORY

(List in order, Last or Present Employer First)

DATES		NAME AND ADDRESS OF EMPLOYER	PRESENT/ LAST SALARY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
TO	FROM				
Functions Responsibilities					

DATES		NAME AND ADDRESS OF EMPLOYER	PRESENT/ LAST SALARY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
TO	FROM				
Functions Responsibilities					

**PRIOR WORK HISTORY - Cont'd**

(List in order, Last or Present Employer First)

DATES		NAME AND ADDRESS OF EMPLOYER	PRESENT/ LAST SALARY	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING
TO	FROM				
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TO	FROM				
Functions Responsibilities					

For employment references, may we approach the employers listed above?  yes  
 no

If not, indicate below, which one(s) you do not wish us to contact.

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**REFERENCES**

List references, if different than above, of individuals who can supply information pertinent to your job performance and/or qualifications.

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

Occasionally an application form makes it difficult for individual(s) to adequately summarize their complete background. To assist us, please use the space below to summarize any additional information necessary to describe your full qualifications, other experiences or skills which you feel would especially fit you for work with us and specifically the position for which you are applying.

Thank you for completing this application form and for your interest in employment with the Town of Milton.

**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 a false statement on this application may disqualify me from employment, or cause my dismissal. I authorize the Corporation to conduct a background search and reference check to qualify me for prospective employment.

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