

# *Corporation of the Township of South Algonquin*

## APPLICATION FOR EMPLOYMENT

Return to: 7 Third Ave.  
 PO Box 217  
 WHITNEY, Ontario K0J 2M0  
 Tel: 613-637-2650  
 1-888-307-3187  
 Fax: 613-637-5368  
 Email: [info@southalgonquin.ca](mailto:info@southalgonquin.ca)

Position applied for:
-----------------------

Date available for work:
--------------------------

### PERSONAL INFORMATION

*Personal information on this form is collected pursuant to the Municipal Act, as amended, and will be used for the purpose of determining eligibility for employment. Questions about the collection should be directed to the Clerk-Treasurer at 613-637-2650.*

Last Name		Given Name(s)	
Address			Telephone # (Business)
City/Town	Province	Postal Code	Telephone # (Residence)
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you reached the age of 18 (15 for summer employment)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by the Township of South Algonquin?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Employed From _____ to _____ Department: _____			
Position Title:			

*To determine your qualification for employment, please provide information related to your academic and other achievements including volunteer work, as well as employment history. Additional information may be attached on a separate sheet (resume).*

### EDUCATION

LEVEL	AREA OF STUDY	LENGTH OF PROGRAM/COURSE	LICENSE/DEGREE/DIPLOMA OBTAINED OR HIGHEST GRADE COMPLETED (ONTARIO EQUIVALENT)
<b>Secondary</b>			
<b>College or Technical</b>			Honours <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>University</b>			Honours <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Post Graduate</b>			

Please list any other work related skills, experience, licenses, or training that relate to the position being applied for:

---



---



---

## EMPLOYMENT HISTORY

Name and Address of Present/Last Employer	Present/Last Position Title	
	Present/Last Salary (Optional)	
Reason for Leaving (do not include maternity/parental leave, WSIB claims, handicap/disability or human rights complaints)	Name of Supervisor	Telephone
	Title:	
Nature of Business	Period of Employment	
	From _____ To _____	
Duties/Responsibilities		
Name and Address of Present/Last Employer	Present/Last Position Title	
	Present/Last Salary (Optional)	
Reason for Leaving (do not include maternity/parental leave, WSIB claims, handicap/disability or human rights complaints)	Name of Supervisor	Telephone
	Title:	
Nature of Business	Period of Employment	
	From _____ To _____	
Duties/Responsibilities		
Name and Address of Present/Last Employer	Present/Last Position Title	
	Present/Last Salary (Optional)	
Reason for Leaving (do not include maternity/parental leave, WSIB claims, handicap/disability or human rights complaints)	Name of Supervisor	Telephone
	Title:	
Nature of Business	Period of Employment	
	From _____ To _____	
Duties/Responsibilities		

**NOTE: If you are applying for a position that requires driving, please complete this section**

Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No                      Class _____
If you are selected for an interview you are required to provide an <i>original</i> Ministry of Transportation Drivers Abstract that is not more than 4 weeks old. If you are the successful candidate, you will be required to consent to the Township conducting driver abstract updates every two years.

### REFERENCES

For employment references, may we approach:	
Your present/last employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your former employers? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional business references may be attached as a separate sheet.	

### DECLARATION

I hereby declare that the foregoing information is true and complete to my knowledge and may be verified by the Township of South Algonquin. If, at any time, the Township of South Algonquin learns of falsification or omission of material of the information provided on this application, or related documents, I understand that a false statement may disqualify me from employment or cause my immediate dismissal.	
Signature of Applicant	Date
Have you attached: additional sheet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available for Work

*Thank you for your interest in pursuing employment with the Township of South Algonquin.  
Only those individuals selected for interview will be contacted further*