

THE CORPORATION OF THE TOWN OF MARATHON  
APPLICATION FOR EMPLOYMENT



The information 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 purpose of assessing eligibility for employment. Any inquiries concerning the collection and use of this information should be referred to: Clerk, Bag "TM", MARATHON, Ont. P0T 2E0, (807)229-1340

NAME: \_\_\_\_\_  
Surname First Name

PRESENT ADDRESS: \_\_\_\_\_  
Street Address Box Number

Town/City Province Postal Code

TELEPHONE NUMBER: Home \_\_\_\_\_ Business \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

DATE AVAILABLE TO BEGIN WORK: \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA AND DO YOU POSSESS A VALID SOCIAL INSURANCE NUMBER? YES  NO

**EDUCATION**

Secondary School  Highest Grade Completed (circle) 9 10 11 12 13 OAC

Name/Location of Institution \_\_\_\_\_

Course Majors: \_\_\_\_\_

Community College

Name/Location of College \_\_\_\_\_

Program \_\_\_\_\_ Year Completed (circle) 1 2 3

Certificate Received  Diploma Received

University

Name/Location of University \_\_\_\_\_

Program \_\_\_\_\_ Year Completed (circle) 1 2 3

Undergraduate Degree Received  Post Graduate

List Any Other Courses, Workshops, Seminars Attended \_\_\_\_\_

**SKILLS**

OFFICE: Typing  Speed \_\_\_\_\_ WPM

Shorthand  Speed \_\_\_\_\_ WPM

List Any Computer Working Knowledge \_\_\_\_\_

Trades and/or Apprenticeships Completed (list) \_\_\_\_\_

List Equipment You Can Operate \_\_\_\_\_

**VALID LICENCES/CERTIFICATES**

Driver's Licence  Class \_\_\_\_\_ First Aid  Year Certified \_\_\_\_\_  
Other (Specify)  \_\_\_\_\_

**PRIOR WORK HISTORY** (List Most RECENT First)

1. Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Employed From: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Employed From: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Employed From: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Employed From: \_\_\_\_\_ to \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

By signing below, I hereby authorize the Town of Marathon to contact the person or organization listed above for the purpose of obtaining reference information including information contained in my personnel file and such person or organization is authorized to disclose such information. This authorization is in compliance with Subsection 32(b) of the Municipal Freedom of Information and Protection of Privacy Act.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

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

\_\_\_\_\_  
Date

Resume Attached