



# THE CORPORATION OF THE TOWN OF MARATHON

## APPLICATION FOR SUMMER EMPLOYMENT

The information collected in this application for employment is done under the authority 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, P.O. Bag "TM", Marathon, Ontario. P0T 2E0, (807) 229-1340.

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

Present Address: \_\_\_\_\_  
Street Address Box Number

Town/City Province Postal Code

Phone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Date available to work: from \_\_\_\_\_ to \_\_\_\_\_

### GRANT QUALIFICATION

This position may be dependent on receiving grant funding, and applicants may be required to meet some or all of the following conditions.

1. Are you a resident of Ontario, legally eligible to work in Ontario, and possess a valid Social Insurance Number? Yes  No
2. Will you be between the ages of 15 - 29 on the first day of work? Yes  No
3. Do you certify that you do not have another full-time (≥ 30 hours per week) summer job and that you will not be attending full-time classes while carrying out this job? Yes  No
4. Are you a full-time student and do you intend to return to school on a full-time basis in the fall? Yes  No

### EDUCATION

Secondary School  Current  or Highest grade completed  (circle) 9 10 11 12 13 OAC

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

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

Community College  University

Name/Location of College or University: \_\_\_\_\_

Program: \_\_\_\_\_

Current year  or  Year completed (circle) 1 2 3 4 5

Certificate Received  Diploma Received  Undergraduate Degree Received  Post Graduate

List any other courses, workshops, seminars or other training attended

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



