



THE CORPORATION OF THE TOWN OF MARATHON

APPLICATION FOR 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: _____

Are you legally eligible to work in Canada and do you possess a valid Social Insurance Number? 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

SKILLS

OFFICE: Typing Speed _____ words per minute

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 Level _____ Expiry Date _____

Other (specify) _____

PRIOR WORK HISTORY - (List most recent first)

1. Company Name: _____
Address: _____ Phone No. _____
Employed from: _____ to _____
Job Title: _____ Supervisor's Name: _____
Reason for leaving: _____

2. Company Name: _____
Address: _____ Phone No. _____
Employed from: _____ to _____
Job Title: _____ Supervisor's Name: _____
Reason for leaving: _____

3. Company Name: _____
Address: _____ Phone No. _____
Employed from: _____ to _____
Job Title: _____ Supervisor's Name: _____
Reason for leaving: _____

ADDITIONAL INFORMATION/COMMENTS

By signing below, I hereby authorize the Town of Marathon to contact the person(s) or organization(s) listed above for the purpose of obtaining reference information including information contained in my personnel file and such person(s) or organization(s) are authorized to disclose such information. This authorization is in compliance with 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:

