



The Corporation of the Township of Nairn and Hyman

EMPLOYMENT APPLICATION FORM

Return to: Township of Nairn and Hyman
 64 McIntyre Street
 Nairn Centre, Ontario
 P0M 2L0
 Telephone: 705-869-4232
 Fax: 705-869-5248
 Email: nairncentre@personainternet.com

Position applied for:	Date available:
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PERSONAL INFORMATION

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		Are you between 18 & 65 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If under 18 years of age give birth date _____	
Have you ever been employed by the Township of Nairn and Hyman? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date employed from _____ to _____.			
Position title _____			

EDUCATION

Grade School/High School <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u> <u>11</u> <u>12</u> <u>13</u> (Please circle last grade completed)			
Graduation <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a full time student? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you plan to return to school next term? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____			
Level	Areas of Study	Length of Programme/Course	Degree/Diploma obtained or highest grade completed (Ontario Equivalent)
Secondary			
University			
College or Technical			
Post Graduate			

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

DRIVING RECORD

This information is relevant only when driving could be part of the job.

Do you currently hold a valid Ontario drivers licence? Yes No

Driver licence class (circle appropriate class): A B C D E G G1 G2

Z-Endorsement? Yes No

FIRST AID/CPR

First aid Yes No CPR Yes No

DECLARATION

Information provided in this application for employment is treated confidentially. Review all the information you have provided since it will be used to determine your suitability for employment. You may wish to submit additional information with your application. Date and sign the declaration below. Thank you for your interest in employment with the Township of Nairn and Hyman.

I certify that the statements made by me are true and complete to the best of my knowledge. I understand that any misrepresentation made by me in connection with this application will be sufficient cause for rejection of this application or, if hired, for termination. I authorize investigation of all statements contained in this application and release from liability any person or company furnishing such information.

Date	Signature of Applicant
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FOR OFFICE USE ONLY (Do not write below this line)

Interview Date	Time	Interviewer
Position	Position Offered	Date
Salary	Start Date	Other

Approved by Department Head _____ Date _____

Approved by Council _____ Date _____

Complete after hiring (In case of emergency, notify)

Name		Telephone	
Address	City/Town	Province	Postal Code

The personal information on this form is collected under the Municipal Act 2001, SO 2001, c.25 and will be used for employment purposes only.