



The Corporation of The City of Welland

APPLICATION FOR EMPLOYMENT

Human Resources Department

60 East Main Street, Welland, ON. L3B 3X4

Position being applied for

PERSONAL DATA

Last name _____ Given name(s) _____

Address _____

City _____ Province _____ Postal Code _____

Home telephone number _____ Business telephone number _____

Are you legally eligible to work in Canada? Yes No

Are you 18 years or more and less than 65 years of age? Yes No

If you are applying for a position which requires regular use of a vehicle, please respond to this question:
Do you have a valid Driver's License? Yes No

To determine your qualification for employment, please provide below, 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.

EDUCATION

Secondary School _____ Highest grade or level completed _____ Type of Diploma/Certificate received _____

Business, Trade or Secondary School _____ Course Name _____ Length _____ Licence, certificate or diploma awarded _____
 Yes No

Community College _____ Name of Program _____ Length of Program _____ Certificate/diploma received? _____
 Yes No

University _____ Major Subject _____ Length of Course _____ Degree awarded? _____
 Yes No

Other courses, workshops, seminars _____

Other Licences, Certificates, Degrees _____

Work related skills _____

Describe any of your work related skills, experience, or training that relate to the position being applied for.

EMPLOYMENT

Name and address of present/last employer:	Present/last job title Period of employment From Present/last salary
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Type of Business	Reason for leaving
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Functions/Responsibilities:	
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Name and address of former employer:	Job title Period of employment From Salary
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Type of Business	Reason for leaving
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Functions/Responsibilities:

Name and address of former employer:	Job title Period of employment From Salary
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Type of Business	Reason for leaving
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Functions/Responsibilities:

Former employment references:
May we approach:

Yes No

Your present/last employer?

Yes No

Your former employer?

List references (if different from above) on a separate sheet.

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature:	Date:
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Have you attached an additional sheet? Yes No

Personal information on this form is collected under the authority of The Municipal Act, and will be used to determine eligibility for employment. Questions about this collection of personal information should be directed to the Human Resources Manager, Human Resources Department, The Corporation of the City of Welland, 60 East Main Street, Welland, ON. L3B 3X4 (Telephone: (905) 735-1700.