

**APPLICATION FOR EMPLOYMENT**

DATE	DEPARTMENT APPLYING TO						
IF APPLYING TO MORE THAN ONE DEPARTMENT, PLEASE COMPLETE ADDITIONAL APPLICATION FORMS.							
WHAT POSITION(S) ARE YOU APPLYING FOR?							
1.							
2.							
HOW DID YOU LEARN OF THIS OPENING?							
IF HIRED, ON WHAT DATE WILL YOU BE AVAILABLE TO START WORK?    ARE YOU AVAILABLE TO WORK?							
<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CONTRACT <input type="checkbox"/> SEASONAL							
WEEKLY AVAILABILITY							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

<b>PERSONAL DATA</b>		
FIRST NAME	LAST NAME	
ADDRESS	TOWN/CITY	POSTAL CODE
PHONE NUMBER (HOME)	PHONE NUMBER (CELL)	
EMAIL		
EMERGENCY CONTACT	RELATIONSHIP	PHONE NUMBER
ARE YOU 18 YEARS OF AGE OR OLDER AND LESS THAN 65 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU WORKED FOR US BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHEN?		
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE A VALID DRIVER'S LICENCE <input type="checkbox"/> YES <input type="checkbox"/> NO    TYPE: _____ (G, G1, G2, ETC.)		

## EDUCATION BACKGROUND

	HIGH SCHOOL					UNDERGRADUATE COLLEGE/UNIVERSITY				GRADUATE/ PROFESSIONAL			
	9	10	11	12	13	1	2	3	4	1	2	3	4
Years Completed													
Degree/Diploma													
Describe Course of Study													
Describe any honours/awards you have received.													
If job related, describe any specialized training, apprenticeship skills and extra-curricular activities.	Specialized training would include aquatics, computer, ice refrigeration, supervisory, special needs, etc.												
If job related, describe knowledge of equipment and vehicles.	Please indicate class of valid motor vehicle license and heavy or light equipment experience.												

If applying for an Aquatics position please complete the following:

AQUATIC QUALIFICATIONS (Please attach a copy of all qualifications)			
STANDARD FIRST AID	EXPIRY DATE	CPR 'C'	EXPIRY DATE
BRONZE CROSS	EXPIRY DATE	LIFESAVING SOCIETY ASSISTANT INSTRUCTOR	EXPIRY DATE
NATIONAL LIFEGUARD SERVICE	EXPIRY DATE	LIFESAVING SOCIETY SWIM INSTRUCTOR	EXPIRY DATE

ADDITIONAL AQUATIC QUALIFICATIONS (IE. LIFESAVING SWIM INSTRUCTORS, ADVANCED INSTRUCTOR, SFA/CPR INSTRUCTOR, LIFESAVING EXAMINER, ETC.)	
QUALIFICATION	EXPIRY DATE

**PRIOR WORK HISTORY (list in order, last or present employer first)**

<b>DATES</b>	<b>FROM</b>	<b>TO</b>
Name and Address of Employer		
Supervisor's Name and Title		
Reason for Leaving		
Functions   Responsibilities		

<b>DATES</b>	<b>FROM</b>	<b>TO</b>
Name and Address of Employer		
Supervisor's Name and Title		
Reason for Leaving		
Functions   Responsibilities		

<b>DATES</b>	<b>FROM</b>	<b>TO</b>
Name and Address of Employer		
Supervisor's Name and Title		
Reason for Leaving		
Functions   Responsibilities		

**VOLUNTEER EXPERIENCE**

<b>VOLUNTEER POSITION</b>	<b>YEAR TO</b>	<b>DUTIES (IF APPLICABLE)</b>

Occasionally an application form makes it difficult for individual(s) to adequately summarize their complete background. To assist us, please use the space below to summarize any additional information necessary to describe your full qualifications, other experiences or skills which you feel would especially fit you for work with us and specifically the position for which you are applying.

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## REFERENCES

FOR EMPLOYMENT REFERENCES, MAY WE APPROACH THE EMPLOYERS LISTED IN YOUR PRIOR WORK HISTORY? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NOT, INDICATE BELOW, WHICH ONE(S) YOU DO NOT WISH US TO CONTACT.

List references, if different than above, of individuals who can supply information pertinent to your job performance and/or qualifications.

NAME AND OCCUPATION	ADDRESS	RELATIONSHIP TO YOU (RELATIVE, ACQUAINTANCE, CO- WORKER)	PHONE NUMBER

## PLEASE READ CAREFULLY

APPLICANT'S CERTIFICATION AND AGREEMENT	
<p>I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that a false statement on this application may disqualify me from employment, or cause my dismissal. I authorize the Corporation to conduct a background search and reference check to qualify me for prospective employment.</p>	
_____ Signature of Applicant	_____ Date
<p>The Town of Hanover is an equal opportunity employer. Accessibility accommodations are available for all parts of the recruitment process. Applicants need to make their needs known in advance. We thank all applicants for the interest and only those individuals selected for an interview will be contacted. Information is collected solely for the purpose of job selection under the provisions of the Municipal Freedom of Information and Protection of Privacy Act.</p>	

Completed application may be submitted in person, by mail, fax or email to:
<p>Town of Hanover Corporate Services Department 341 10<sup>th</sup> Street Hanover ON N4N 1P5 f 519.364.6456 e hr@hanover.ca</p> <p>Thank you for your interest in employment with the Town of Hanover.</p>