



VILLAGE OF BOYLE APPLICATION FOR EMPLOYMENT

PERSONAL DATA

LAST NAME		GIVEN NAMES		
PRESENT ADDRESS				
CITY		PROVINCE		POSTAL CODE
CONTACT NUMBERS:				
HAVE YOU WORKED HERE BEFORE? IF YES, WHEN?			IF HIRED, WHEN CAN YOU START WORK?	
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO			DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO GET TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHAT CLASS OF DRIVER'S LICENSE DO YOU HOLD?	
DO YOU WANT TO WORK? FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/>			WHAT TYPE OF WORK ARE YOU INTERESTED IN DOING?	

EDUCATION DATA

GRADE	ELEMENTARY / SECONDARY SCHOOL										NAME OF COLLEGE OR UNIVERSITY TECHNICAL INSTITUTE OR OTHER:
	4	5	6	7	8	9	10	11	12		
CERTIFICATES, DIPLOMAS, DEGREES OBTAINED											
COURSE OF STUDY											
OTHER CERTIFICATES, APPRENTICESHIP PROGRAMS, AWARDS, OR TRAINING											

WORK HISTORY

PRESENT OR LAST EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE		FROM (MM/YY)	TO (MM/YY)
NAME OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			

PREVIOUS EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE		FROM (MM/YY)	TO (MM/YY)
NAME OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
PREVIOUS EMPLOYER		ADDRESS	
TYPE OF BUSINESS			
YOUR JOB TITLE		FROM (MM/YY)	TO (MM/YY)
NAME OF IMMEDIATE SUPERVISOR		REASON FOR LEAVING	
DESCRIBE JOB DUTIES AND RESPONSIBILITIES			
MAY WE CONTACT YOUR <u>PRESENT OR LAST</u> EMPLOYER FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT YOUR <u>PREVIOUS</u> EMPLOYERS FOR A REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL INFORMATION

PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELATING TO YOUR JOB SKILLS, KNOWLEDGE, AND OTHER ATTRIBUTES: _____

APPLICANT'S DECLARATION

PLEASE READ CAREFULLY - I hereby certify that the information given on this application is correct to the best of my knowledge. I understand that any untrue statements or misrepresentation shall disqualify me from employment or be cause for my dismissal. If hired, I agree to abide by all rules and policies of the Village of Boyle.

APPLICANT'S SIGNATURE

DATE

This information is being collected under the authority and protection of the Freedom of Information and the Protection of Privacy Act (FOIPP) and will be used only to determine the most suitable position for your qualifications. If we have a suitable vacancy, you will be contacted for an interview. We consider applicants without regard to race, colour, creed, ancestry, origin, sex, sexual orientation, marital status, record of offences, handicap, or other protected status.