## **TOWNSHIP OF HORNEPAYNE**

68 FRONT STREET, PO BOX 370, HORNEPAYNE ONTARIO POM 1Z0 Tel: 807 868 2020 Fax: 807 868 2787

APPLICANT INFORMATION													
Last Name				First	First				M.I.	Date			
Street Address										Apartment/Unit #			
City					Prov.				Postal Code				
Phone					E-mail Address								
Date Available Do you hol					old a Valid Driver's License					NO [			
Position Applied for													
Are you a Canadian citizen? YES NO If no, are you authorized to work in Canada? YES NO										NO 🗌			
Have you ever wo	☐ If so, when?												
Have you ever been convicted of a criminal offense/felony for which a pardon has not YES NO If yes, explain been granted?													
EDUCATION													
				Address									
From	То	Did you graduate?		YES	NO Diplo		ploma						
College/ University				Address									
From	То	Did you gr	aduate?	YES NO Degree									
Other	Other			Address									
From	То	Did you gr	aduate?	YES NO Degree									
REFERENCES													
Please list three professional references. <b>May we contact your professional references?</b> YES \( \text{NO} \)													
Full Name						Relationship							
Company						Phone	(	)					
Address													
Full Name						Relationship							
Company						Phone ( )							
Address													
Full Name						Relationship							
Company						Phone	(	)					
Address					'								

MASHIA

PREVIOUS EMPLOYMENT									
Company			Phone ( )						
Address			Supervisor						
Job Title			Starting Salary	\$	Ending Salary \$				
Responsibilities									
From	То	Reason for Leaving							
May we contact yo	ur previous super	visor for a reference?	NO 🗆						
Company			Phone ( )						
Address			Supervisor						
Job Title			Starting Salary	\$	Ending Salary \$				
Responsibilities									
From	То	Reason for Leaving							
May we contact yo	ur previous super	visor for a reference?	NO 🗆						
Company			Phone ( )						
Address			Supervisor						
Job Title			Starting Salary	\$ Ending Salary \$					
Responsibilities									
From	То	Reason for Leaving							
May we contact your previous supervisor for a reference? YES NO									
		_							
DISCLAIMER AND SIGNATURE									
My signature below certifies that:  I certify that my answers are true and complete to the best of my knowledge and belief.									
If this application leads to employment, I understand that false or misleading information in my application or interview									
may result in refusal of employment and constitute sufficient cause for dismissal/discharge.									
I authorize the verification of the above information and any other necessary inquiries that may be needed to determine my suitability for									
employment. I authorize Sample Company to contact any of the references provided by me for the purpose of a reference check.									
I understand that this application for employment does not constitute an employment offer.									
In order to assess your application for employment, the Township of Hornepayne needs to collect personal information about you which									
may be regulated by the Personal Information Protection and Electronic Documents Act ("PIPEDA"). By completing this form, you hereby consent to the use of the information obtained on this form and in the interview process to assess your experience and verify your									
qualifications and previous employment by the Township of Hornepayne. If hired, this information will be maintained in your personnel file.									
If not hired, the application form and any other notes will be retained for a minimum period of six months.									
Signature Date									