



THE CORPORATION OF THE COUNTY OF ESSEX APPLICATION FOR EMPLOYMENT

**360 Fairview Avenue West
Essex, Ontario, N8M 1Y6
(519) 776-6441**

POSITION

Please print or type

Position applied for _____
 Full-time Part-time Summer Other
 Date Available: _____ Salary Desired: _____
 Have you ever been employed by the Corporation of the County of Essex? Yes No
 If yes, state when _____ Position _____ Department _____

PERSONAL DATA

Name: _____
Last Given Name(s)
 Home Address: _____
No & Street Apt. # City Province Postal Code
 Phone Number: _____
Residence # Business # Other # (Cell/Pager)
 Are you legally eligible to work in Canada? Yes No

To determine your qualification for employment, please provide below and on the reverse, information related to academic and other achievements including volunteer work, as well as employment history. Additional information may be attached on a separate sheet.

EDUCATION

	Circle highest grade or year completed	Did you graduate?		Type of Diploma or Certificate Received	Specialization or Major
		Yes	No		
High School	9 10 11 12 13				
Technical/ Vocational	9 10 11 12 13				
College	1 2 3 4				
University	1 2 3 4 Post Grad				
Other (please specify)					

Are you presently studying? Yes No Please indicate: College University Other
 Course name: _____

➔PROOF OF ACADEMIC OR TECHNICAL QUALIFICATIONS WILL BE REQUIRED PRIOR TO APPOINTMENT

OCCUPATIONAL SKILLS/SPECIALIZED TRAINING/EQUIPMENT

Check the skills and/or equipment of which you have a working knowledge:

<p style="text-align: center;">TECHNICAL – OFFICE – CLERICAL – GENERAL (A proficiency test may be required)</p> <p><input type="checkbox"/> Keyboarding W.P.M. _____ <input type="checkbox"/> Dictaphone <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Word <input type="checkbox"/> Accounting <input type="checkbox"/> Excel <input type="checkbox"/> Payroll <input type="checkbox"/> Power Point <input type="checkbox"/> AccPac <input type="checkbox"/> Other Software (list) _____</p>	<p style="text-align: center;">OUTSIDE-MAINTENANCE (A proficiency test may be required)</p> <p><input type="checkbox"/> Carpentry <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Auto Mechanic – Please specify licenses: _____ <input type="checkbox"/> Apprenticeship(type) _____ Date Completed: _____ <input type="checkbox"/> Equipment/vehicle operation e.g. truck, grader, front-end loader, backhoe (please specify): _____ <input type="checkbox"/> Engineer (please specify type): _____</p>
<p><input type="checkbox"/> First Aid Certificate/CPR (type) _____ <input type="checkbox"/> Emergency First Response EMA <input type="checkbox"/> Radio Operations/Dispatch <input type="checkbox"/> Defibrillator Training <input type="checkbox"/> WHMIS <input type="checkbox"/> OH&S Training (list) _____</p>	<p><input type="checkbox"/> Janitorial <input type="checkbox"/> Chain Saw <input type="checkbox"/> Small Motor Repair <input type="checkbox"/> Industrial/Landscaping Type Lawnmowers</p>

Do you have a valid standing in your profession or trade? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Other (please specify): _____
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EMPLOYMENT HISTORY

<ul style="list-style-type: none"> List in order, beginning with current or most recent position (to cover last 5 years if possible) Provide complete name(s) and address(es) of employer(s) Indicate if you have attached a resume or additional fact sheet(s) Yes <input type="checkbox"/> No <input type="checkbox"/> 		
Employment period: From _____ to _____	Employer	
	Address	Phone No.
Position held:	Name of immediate supervisor and title:	Reason for leaving:
Brief outline of duties/responsibilities:		
Employment period: From _____ to _____	Employer	
	Address	Phone No.
Position held:	Name of immediate supervisor and title:	Reason for leaving:
Brief outline of duties/responsibilities:		
Employment period: From _____ to _____	Employer	
	Address	Phone No.
Position held:	Name of immediate supervisor and title:	Reason for leaving:
Brief outline of duties/responsibilities:		

May we contact your present employer? Yes No

May we contact your former employer(s)? Yes No

BEFORE SIGNING THIS APPLICATION READ CAREFULLY THE FOLLOWING PARAGRAPHS:

Due to a large number of applications received for employment with the Corporation, only those applications selected for interviews will be acknowledged.

I agree to undergo any and all physical examinations which may be required by the Corporation prior to commencement of employment, or during my term of employment. I understand and agree that employment and continuing employment are conditional upon:

(a) observance of the rules, regulations, instructions, benefits and any conditions governing employment with the Corporation as may be in effect at the time of employment, or established by the Corporation of the County of Essex at any subsequent time; and

(b) the satisfactory completion of a probationary period of employment.

Should the Corporation seek verification of employment records, I hereby authorize my previous employer(s) to release to the Corporation any and all information regarding my employment record, and I further agree that no liability or damage shall accrue to either the Corporation of the County of Essex nor to my previous employer(s) as a consequence of this exchange of employment information. I further authorize inquiries with Police and educational institutions for verification where required under the qualifications of the said position. I certify that all the above statements made by me are true and complete to my knowledge. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM EMPLOYMENT, OR CAUSE MY DISMISSAL.

Date: _____ Signature: _____

THE CORPORATION OF THE COUNTY OF ESSEX SUPPORTS DIVERSITY IN THE WORKPLACE.
Personal information is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of employment opportunities only.