



**Employment Application
for Full Time, Casual, Part-Time or Summer**

11 Hudson Street, Blind River, Ontario, P0R 1B0

Tel.: (705)356-2251 Fax.: (705)356-7343

PERSONAL DATA (Please Print Clearly)

NAME _____ TELEPHONE Home _____
PERMANENT ADDRESS _____ Cell _____
e-mail: _____
Postal Code _____

LANGUAGES SPOKEN English French Other: _____

POSITION APPLIED FOR _____

Applying for: Full-time Part-time Will you work shift work? Yes No

EDUCATION

DO YOU HAVE GRADE 12 OR EQUIVALENT? YES NO

EMPLOYMENT/VOLUNTEER HISTORY

Employer/Placement	Brief Description of Responsibilities (Job Title)	Period of Employment

GENERAL INFORMATION

Please list relevant qualifications, certifications, or licenses you possess?

What machinery/equipment are you licensed for and operate competently?

FOR SUMMER APPLICATIONS ONLY

Are you a full-time student? YES NO School _____
If yes, will you be a full-time student next fall? YES NO Program _____

DECLARATION OF APPLICANT

I understand that I have authorized investigation of all statements and claims contained in this application and I hereby certify that, to the best of my knowledge and belief, the answers given by me and the statements made are correct. I have willingly divulged the information contained in this application and I have not answered any questions in this application which I feel infringe on my civil rights or for which I will subsequently seek remedy or action against the Town of Blind River. I understand that any false information or consequential omission is cause for immediate dismissal.

Date Signature of applicant