

Application For Employment



Corporation Of The City Of Kenora Human Resources Department
 1 Main Street South
 Kenora Ontario P9N 3X2

If you have a disability and require a reasonable accommodation to participate in the pre-employment process. Please advise the company's representative of your requested accommodation.

(807) 467-2000 FAX (807) 467-2141

Application must be completed in full
 Internal applicants may omit shaded areas.

Date			
Name		Social Insurance Number (to be completed after hire)	
OTHER NAME under which records (employment, academic, etc.) may be kept:			
Are you age 18 or older and less than 65 years of age?		Yes	No
Present Address (Street, City, Province, Postal Code)		Home Telephone Number	Number for Messages
Mailing Address (Street, City, Province, Postal Code) if different from above			
Are you legally entitled to work in Canada?		Yes	No
Have you ever been convicted of a criminal offence for which a pardon has not been granted?			
		Yes	No
Have you ever worked for the City of Kenora?		Yes	No If yes, where?
Dates worked		Reason for leaving	
Names of relatives working for the City of Kenora.			
For what position are you applying?		DATE AVAILABLE TO BEGIN WORK	
EDUCATION			
Please list any education, training, or specialized experience you feel relates to the position applied for that would help you perform the work, such as high school, colleges, degrees, licences, vocational or technical programs, military training, foreign language proficiency, etc.			
School Name/Address		Specialization	
High School		Did you graduate?	
		Yes	No
College/ University	Dates		Graduated
	From	To	Month Year
Other			
Degrees, licences, certificates, memberships, special achievements, . experience or training (with issuing province)			

Resume attached

THE CITY OF KENORA IS DEDICATED TO EMPLOYMENT EQUITY

WORK HISTORY

(THE LAST FIVE YEARS OF YOUR WORK HISTORY MUST BE INCLUDED. CONTINUE ON BACK PAGE IF NECESSARY.)

Name of PRESENT or LAST employer				Address			
STARTING DATE		LEAVING DATE		Starting Pay	Final Pay	Reason for Leaving	
Month	Year	Month	Year				
Job Title (Present or Last)				Name of Supervisor		Supervisor's Title	May we contact? Yes No Phone:
Description of Work and Responsibilities							
Next Previous Employer				Address			
STARTING DATE		LEAVING DATE		Starting Pay	Final Pay	Reason for Leaving	
Month	Year	Month	Year				
Job Title (Present or Last)				Name of Supervisor		Supervisor's Title	May we contact? Yes No Phone:
Description of Work and Responsibilities							
Next Previous Employer				Address			
STARTING DATE		LEAVING DATE		Starting Pay	Final Pay	Reason for Leaving	
Month	Year	Month	Year				
Job Title (Present or Last)				Name of Supervisor		Supervisor's Title	May we contact? Yes No Phone:
Description of Work and Responsibilities							
Next Previous Employer				Address			
STARTING DATE		LEAVING DATE		Starting Pay	Final Pay	Reason for Leaving	
Month	Year	Month	Year				
Job Title (Present or Last)				Name of Supervisor		Supervisor's Title	May we contact? Yes No Phone:
Description of Work and Responsibilities							

REFERENCES - List two references - one work related and one personal

Name/Address	Phone	Occupation	Years Known

EMPLOYMENT UNDERSTANDING

1. **AUTHORIZATION AND RELEASE:** I authorize the City of Kenora to conduct an investigation of my qualifications for employment. I realize that the investigation may include contacting my prior employers and references unless I have indicated otherwise on this form. I release any and all persons and parties connected with the investigation from any and all claims or damage arising from the furnishing of information as part of that investigation.

2. **EMPLOYMENT:** Employment at the City of Kenora may be terminated at any time by the employee or City of Kenora. The employee may be entitled to notice of termination or rights under Ontario law, corporate policy, or collective agreement in some cases. In cases of just cause termination, however, no payment of any kind or notice of termination is required.

3. **PERSONAL INFORMATION:** Personal information contained on this form is collected pursuant to the municipal act, and will be used for the purpose of hiring employees for the municipality. Questions about this collection should be directed to: The Freedom of Information and Privacy Coordinator, City of Kenora, One Main Street South, Kenora, ON P9N 3X7 (807)467-2027

4. **ALCOHOL AND DRUG TESTING/PHYSICAL EXAM:** I understand that the City of Kenora may have a strong policy concerning alcohol and drug use and that after a conditional offer of employment, I may have to take and pass a drug-screening test and may be required to take a physical examination. The cost of these tests would be the responsibility of the employer. Physical exams after employment may also be required when the request is job-related.

5. **CRIMINAL-RECORD CHECK:** I understand that in conjunction with my application for employment, the City of Kenora may conduct a criminal-record check of criminal convictions and pending prosecutions that the information obtained as a result of this record may, but will not necessarily, result in my not receiving an offer of employment, withdrawal of my offer of employment, or termination of employment.

I verify that the information I have provided on this application is true and accurate and that I am legitimately seeking a job with the City of Kenora. I understand that any omission of information requested or any false or misleading information that I furnish on or in connection with this application for employment may result in rejection of my application or termination of my employment without notice or any further payment. By signing this application form, I certify that I have read and agree to the terms of the above employment understanding.

PLEASE HAVE YOUR SIGNATURE WITNESSED: Date: _____

Applicant's Signature _____ Witness Signature: _____

