

TOWN OF STEWACKE APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and welcome applications from all qualified applicants. We do not discriminate on the basis of age, race, color, ethnic, national or aboriginal origin, sex, creed, and irrational fear of contracting an illness or disease, religion, sexual orientation, physical or mental disability, family status, and marital status, source of income, political belief, affiliation, or activity, or an individual's association with another individual(s) having characteristics referred to in the prohibited grounds of discrimination under the Nova Scotia Human Rights Act.

PERSONAL DATA:

Last Name:	First Name:	Middle Initial	Telephone Number:
Address:	Town:	Province:	Cell Phone Number:

POSITION APPLIED FOR:

1. _____
2. _____

Are you available to work full time? Yes _____ No _____
 Will you accept part time employment? Yes _____ No _____
 Will you accept seasonal employment? Yes _____ No _____

How did you learn about this position?

If you worked for us before, provide dates of employment and positions held.

On what date are you available to start work? _____

EDUCATION:

School	Diploma/ Degree	Course of Study

EMPLOYMENT RECORD: (List most recent Employer first)

(1) Employer:	Address:	Position:	Dates Employed: From: To:
Supervisor:	Telephone:	Reason For Leaving:	
(2) Employer:	Address:	Position:	Dates Employed: From: To:
Supervisor:	Telephone:	Reason For Leaving:	
(3) Employer:	Address:	Position:	Dates Employed: From: To:
Supervisor:	Telephone:	Reason For Leaving:	
(4) Employer:	Address:	Position:	Dates Employed: From: To:
Supervisor:	Telephone:	Reason For Leaving:	

REFERENCES:

(1) Name:	Address:
Occupation:	Telephone Number:
(2) Name:	Address:
Occupation:	Telephone Number:
(3) Name:	Address:
Occupation:	Telephone Number:

Do you authorize us to contact the references and/or others at your former employers? Yes ___ No ___

HEALTH AND GENERAL INFORMATION:

Health in General:	Height: Weight:
Have you ever collected Disability Benefits?	If yes, for what reason?
Any Health Problems?	Will you undergo a Medical Exam?
Have you ever been Bonded?	If yes, when?
Drivers' License: Number: Class: Expiry:	How did you learn about this position?
Will you do Shift Work?	Position Applied For:

HOBBIES, INTERESTS, SERVICE CLUBS OR PROFESSIONAL ASSOCIATIONS:

Do not list activities of a National, Religious or Racial Nature:

OTHER INFORMATION:

Please enter information that would add to your qualification for the job.

I hereby certify that to the best of my knowledge, that the answers to the foregoing questions made by me in this form are true and complete. I understand that false statements on this application can be cause for my discharge.

Date: _____ Signature of Applicant: _____

INTERVIEWERS' COMMENTS:
