TOWN OF STEWIACKE
APPLICATION FOR EMPLOYMENT

PERSONAL DATA: (Please print or type clearly)

Last Name:	First Name:	Social Insurance Number:	Date of Birth:
Address:	Town:	Province:	Telephone Number:

EDUCATION:

	School	Grade Complete	Date Complete	Courses Taken	Diploma Received
Public School:					
Trade/Technical:					
Courses/Other:					
University/College:					

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:

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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: