



EMPLOYMENT APPLICATION FORM

Return to: Human Resources Division
 City of Pickering
 One The Esplanade
 Pickering, Ontario L1V 6K7
 Tel: 905.420.4627/420.2222
 Fax: 905.420.4638
 Email: hr@city.pickering.on.ca

Position being applied for:

Date available for work:

PERSONAL INFORMATION

Last Name		Given Name(s)	
Address			Telephone # (Business)
City/Town	Province	Postal Code	Telephone # (Residence)
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you attained the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by the City of Pickering? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Employed From _____ To _____		Department: _____	
Position Title: _____		Division: _____	

EDUCATION

LEVEL	AREAS OF STUDY	LENGTH OF PROGRAMME/COURSE	DEGREE/DIPLOMA OBTAINED OR HIGHEST GRADE COMPLETED (ONTARIO EQUIVALENT)
SECONDARY			
UNIVERSITY			
COLLEGE OR TECHNICAL			
POST GRADUATE			

PLEASE LIST ANY WORK RELATED SKILLS, EXPERIENCE OR TRAINING THAT RELATE TO THE POSITION BEING APPLIED FOR.

EMPLOYMENT HISTORY

Name & Address of Present/Last Employer	Present/Last Title	
	Period of Employment From _____ To _____	Present/Last Salary (optional)
	Name of Supervisor Title:	Telephone
Nature of Business	Reason for Leaving	
Duties/Responsibilities		
Name & Address of Previous Employer	Previous Title	
	Period of Employment From _____ To _____	Present/Last Salary (optional)
	Name of Supervisor Title:	Telephone
Nature of Business	Reason for Leaving	
Duties/Responsibilities		
Name & Address of Previous Employer	Previous Title	
	Period of Employment From _____ To _____	Present/Last Salary (optional)
	Name of Supervisor Title	Telephone
Nature of Business	Reason for Leaving	
Duties/Responsibilities		

For employment references, may we approach:

Your present/last employer? Yes No

Your former employer(s)? Yes No

List references, if different from above, on separate sheet

PERSONAL INFORMATION ON THIS FORM IS COLLECTED PURSUANT TO THE MUNICIPAL ACT, R.S.O. 1990, C.m. 45 AND WILL BE USED FOR THE PURPOSE OF DETERMINING ELIGIBILITY FOR EMPLOYMENT. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE COORDINATOR, EMPLOYMENT SERVICES, HUMAN RESOURCES, CITY OF PICKERING, ONE THE ESPLANADE, PICKERING, ON L1V 6K7 905.420.4627.

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature

Date