

# Application for Employment



## Personal Information:

Position Applied For:	Date Available (or Notice Period):
Last Name:	Given Name(s):
Address:	
Home Telephone:	Alternate Number:
Email Address:	

To determine your qualification for employment, please provide below, information related to your academic and other achievements, including voluntary work as well as employment history. Additional information may be attached on a separate sheet.

## Education:

Highest Level Achieved and Program Name: <input type="checkbox"/> University _____ <input type="checkbox"/> College _____ <input type="checkbox"/> High School <input type="checkbox"/> Other: _____	Current Licence, Certificate, Degree, Diploma Obtained? <input type="checkbox"/> Yes, type _____ <input type="checkbox"/> No  Do you hold a valid Driver's Licence (please answer only if relevant to position applied for)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Relevant Education (please list and describe – courses, workshops, seminars or other formal education):          	

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HEAD OFFICE: 101 17<sup>th</sup> Street East, Owen Sound, Ontario N4K 0A5 [www.publichealthgreybruce.on.ca](http://www.publichealthgreybruce.on.ca)

OWEN SOUND  
(519) 376-9420  
1-800-263-3456  
Fax (519) 376-0605

WALKERTON  
(519) 881-1920  
1- 800-821-7714  
Fax (519) 881-3920

**Previous Employment:**

Name of Last Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Period of Employment: From (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_

Full Time     Part Time, occasional, casual    Hours per week \_\_\_\_\_

Duties and relevant experience:

Name of Last Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Period of Employment: From (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_

Full Time     Part Time, occasional, casual    Hours per week \_\_\_\_\_

Duties and relevant experience:

Name of Last Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Period of Employment: From (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_

Full Time     Part Time, occasional, casual    Hours per week \_\_\_\_\_

Duties and relevant experience:

Additional Relevant Employment (title, length, status, duties):

**References (optional if reference page attached):**

Name: _____	Position: _____
Telephone: _____	Relationship to Applicant: _____
Name: _____	Position: _____
Telephone: _____	Relationship to Applicant: _____
Name: _____	Position: _____
Telephone: _____	Relationship to Applicant: _____

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: \_\_\_\_\_