

## **Employment Application**

Town of Quispamsis 12 Landing Court P.O. Box 21085 Quispamsis, NB E2E 4Z4 Phone 506-849-5778 Fax 506-849-5799

Email: <a href="mailto:quispamsis.ca">quispamsis.ca</a>
Website: <a href="mailto:www.quispamsis.ca">www.quispamsis.ca</a>

The completed application should be forwarded to Human Resources. Please attach a resume. Please note that students applying for summer employment must complete and submit provincial SEED and/or Summer Career Placement Application forms to the appropriate government office.

POSITION INFORMATION								
Position being applied for:				Location:			Date Received:	
PERSONAL IN					FORMATION			
First and last Name:					Preferred Name:			
Street Address:					Mailing Address :			
Town/City:					Town/City:			
Province: Postal Code:					Province: Postal Code:			
Home Phone Number:				Email Address:				
Expected Salary \$/ Year/ Hour				How much notice do you require to report to work?Days				
Of the two official languages, in which are you more competent?								
What is your competence in the second language?								
Have you ever worked for the Town of Quispamsis?   Yes  No  If so, when and in what position?								
Have you ever been convicted of an indictable criminal offence for which you have not been pardoned?   Yes   No								
If yes, please give details (Off	ence/Date/D	Disposition of Case)						
Do you have a valid Driver's License? ☐ Yes ☐ No Do you have a clean driving abstract? ☐ Yes ☐ No								
Type of license		License #				Date of Issue		
EDUCATION Proof of educational qualifications may be requested.								
Name of Institution	Degree/	Diploma Course of Study		hest Level Impleted		Attended om/To)	Location	
High School								
Community College								
Trade or Technical School								
University								
Other								
If the requirements for the above degree(s) or diploma(s) are incomplete, please indicate portion completed and the anticipated date of finalization.								
Other training (please list other formal training and skills you have and indicate what equipment you can operate and your proficiency with it)								
Do you hold any Trade Certificate(s)/Licenses or Membership in any Professional Organization? If yes, please specify				License/Certificate Number		Number	Date of Issue	
			License/Certificate Number		Number	Date of Issue		
REFERENCES Name 3 persons who know your work or studies to whom we may refer.								
Name		Address		Occupation		oation	Phone Number	

Record your most recent employment in the employment history section below, and attach a resume to advise of all employment history. Consideration can only be given to the information you provide.

EMPLOYMENT HISTORY  Begin with the most recent employment and account for complete employment record.							
Employer	Duties						
Position Title	•						
Location	•						
Supervisor	☐ Full Time ☐ Part-time ☐ Casual	•					
Employment Period	Salary	•					
May we contact for a reference ?							
Reason for leaving?							
Employer	Duties						
Position Title	•						
Location							
Supervisor	☐ Full Time ☐ Part-time ☐ Casual						
Employment Period	Salary						
May we contact for a reference ?   Yes   No If no, why not?							
Reason for leaving?							
Employer	Duties						
Position Title	•						
Location							
Supervisor	☐ Full Time ☐ Part-time ☐ Casual						
Employment Period	Salary						
May we contact for a reference ?							
Reason for leaving?							
Account for time between positions							
APPLICANT'S STATEMENT							
	ent. You should be aware that any info	own may obtain reports and references about you in ormation about you obtained in this way is confidential and ose.					
I certify that the information provided in this application is true and accurate. I understand that the withholding of information or the giving of false information on this application or on my resume will result in a refusal to hire or in disciplinary action up to and including the termination of my employment.							
regarding my past work or employment and m	y background, including credit history,	f Quispamsis or its representative any and all information police checks and drivers' abstract. I also understand that this form the Town, in writing, that I revoke this authorization.					
I HAVE READ THE ABOVE PRIOR TO SIG	GNING THIS APPLICATION.						
Cianatura		Data					
Signature		Date					

The personal information gathered on this form is voluntarily provided by individuals. If provided, the information will be used or disclosed only for the purposes for which it was collected in accordance with the *New Brunswick Right to Information and Protection of Privacy Act*. If you have any questions regarding the collection and use of this information, please contact our Human Resource Manager for the Town of Quispamsis at (506) 849-5763.