



# The Corporation of the City of St. Catharines Application for Employment

## Employment Application

Position Applying for: \_\_\_\_\_ Date Available to Begin Work:

\_\_\_\_\_ MM/DD/YYYY

## Personal Information

Name:

\_\_\_\_\_ Last

\_\_\_\_\_ Given Name(s)

Address:

\_\_\_\_\_ Street & Number

\_\_\_\_\_ City

\_\_\_\_\_ Postal Code

Phone:

\_\_\_\_\_ Home

\_\_\_\_\_ Cell

\_\_\_\_\_ Other

Do you have a spouse, child or parent employed by the City of St. Catharines?  Yes  No

If yes, please indicate relationship: \_\_\_\_\_ and work location \_\_\_\_\_

Are you legally eligible to work in Canada?  Yes  No

Are you currently enrolled in school?  Yes  No

Are you 18 years or more?  Yes  No

Do you have a conviction for a criminal  
offence for which a pardon has not been granted Yes No

To determine your qualification for employment, please provide information about your academic and other achievements including volunteer work, as well as employment history. Attach any additional information on a separate sheet.

## Education

### Secondary School

High School Diploma, GED or equivalent?  Yes  No

If no, highest level completed: \_\_\_\_\_

### Community College

Name of Course: \_\_\_\_\_ Length of Course: \_\_\_\_\_

Diploma Received?  Yes  No Diploma: \_\_\_\_\_

**University**

Name of Course: \_\_\_\_\_ Length of Course: \_\_\_\_\_

Degrees Received?  Yes  No Degree: \_\_\_\_\_**Business, Trade or Technical School**

Name of Course: \_\_\_\_\_ Length of Course: \_\_\_\_\_

License, Certificate or Diploma Received?  Yes  No

Specify: \_\_\_\_\_

**Work-Related Skills****Describe your work-related skills, experience or training that relates to the position being applied for.****Other Courses, Workshops, Seminars:****Other Licenses, Certificates, Degrees:****Employment**

Name of Present/Last Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_

Period of Employment (includes time spent away from work due to disability or Pregnancy/Parental Leave but it is not necessary to refer to this): From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Final Rate of Pay: \_\_\_\_\_

Reason for Leaving (do not refer to issues related to Pregnancy/Parental Leave, Workers' Compensation claims, handicap/disability, or human rights complaints):  
\_\_\_\_\_

Functions/Responsibilities

Name of Previous Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_

Period of Employment (includes time spent away from work due to disability or Pregnancy/Parental Leave but it is not necessary to refer to this): From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Final Rate of Pay: \_\_\_\_\_

Reason for Leaving (do not refer to issues related to Pregnancy/Parental Leave, Workers' Compensation claims, handicap/disability, or human rights complaints):

Functions/Responsibilities

Name of Previous Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Job Title: \_\_\_\_\_

Period of Employment (includes time spent away from work due to disability or Pregnancy/Parental Leave but it is not necessary to refer to this): From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Supervisor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Final Rate of Pay: \_\_\_\_\_

Reason for Leaving (do not refer to issues related to Pregnancy/Parental Leave, Workers' Compensation claims, handicap/disability, or human rights complaints):

Functions/Responsibilities

## References

Please provide contact information for a minimum of three (3) previous supervisors if different than above.

For employment references may we contact your Present/Last Employer?  Yes  No

## Personal Interests and Activities (civic, athletic, etc.)

## Declaration

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

Have you attached an additional sheet?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The City of St. Catharines is an equal opportunity employer committed to inclusive, barrier-free recruitment and selection processes and work environments. We will accommodate the needs of applicants under the Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities Act (AODA) throughout all stages of the recruitment and selection process. Please advise the Human Resources Division to ensure your accessibility needs are accommodated throughout this process.