



City of Welland
Corporate Services
 Human Resources Division
 60 East Main Street, Welland, ON L3B 3X4
Phone: 905-735-1700 Ext. 2139 | **Fax:** 905-734-7608
Email: hr@welland.ca | www.welland.ca

Employment Application

POSITION APPLIED FOR

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PERSONAL DATA

Last Name		Given Name(s)		
Street Address			Apartment/Unit #	
City	Province		Postal Code	
Home Phone		Cell Phone		
Email				
Are you legally able to work in Canada?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you worked as a Crossing Guard for the City of Welland previously?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what year (most recent)? _____
If you are applying for a position which requires regular use of a vehicle, please respond to the next question:				
Do you have a valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Class:

EDUCATION

School	Course of Study	Highest Grade/Level Completed	Did you graduate?		Diploma or Degree?
High School			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
University			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Business/Trade School			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Other Courses, Workshops, Seminars					
Other Licenses, Certificated, Degrees					

WORK RELATED SKILLS

Describe any of your work related skills, experience, or training that relate to the position being applied for:

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PREVIOUS EMPLOYMENT

Company		Phone	
Address		Type of Business	
Job Title		Last Salary \$	
Functions/Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Supervisor Contact	
Company		Phone	
Address		Type of Business	
Job Title		Last Salary \$	
Functions/Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Supervisor Contact	
Company		Phone	
Address		Type of Business	
Job Title		Last Salary \$	
Functions/Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Supervisor Contact	

Have you attached any additional documents? YES NO

DISCLAIMER AND SIGNATURE

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

Signature		Date
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The City of Welland is an equal opportunity employer that is committed to inclusive, barrier-free recruitment and selection processes. The City of Welland is committed to accommodating persons with disabilities. Should you require any accommodations, we will work to meet your needs.

All applications will be held in strict confidence. We thank all applicants, however, only those selected for an interview will be contacted. No phone calls please.

Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used for employment assessment purposes only.