



## JOB APPLICATION

(Please print in block letters)

PERSONAL INFORMATION				
Surname:		First name:		Date:
Address:			Apartment no.:	
City:		Province:		Postal code:
Telephone <i>Home:</i>		<i>Work:</i>		E-mail:
Do you have a Canadian citizenship? YES <input type="checkbox"/> NO <input type="checkbox"/>			If not, do you have a work visa? OUI <input type="checkbox"/> NON <input type="checkbox"/>	
Do you speak fluently in:				
French <input type="checkbox"/>		English <input type="checkbox"/>		Other <input type="checkbox"/>
Do you write fluently in:				
French <input type="checkbox"/>		English <input type="checkbox"/>		Other <input type="checkbox"/>

JOB YOU ARE APPLYING FOR				
Position:			Salary expected:	
You are available as of:		Would you accept a : Full-time position <input type="checkbox"/> Part-time position <input type="checkbox"/>		
Would you accept a work schedule during the: Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/>				
Frequency of overtime accepted per week: 3 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 9 hours <input type="checkbox"/> 12 hours <input type="checkbox"/>				

EDUCATION				
<b>High school :</b> <i>(school name) :</i>			Address :	
From :	To :	Do you have a diploma? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma obtained :	
<b>College</b> <i>(school name) :</i>			Address :	
From :	To :	Do you have a diploma? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma obtained:	
<b>Other</b> <i>(school name):</i>			Address :	
From :	To :	Do you have a diploma? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma obtained :	

EXPERIENCE (BEGIN WITH THE MOST RECENT EMPLOYER)				
<b>Employer:</b>			Telephone: ( )	
Address:			Supervisor:	
Position:		Starting rate:		Final rate:
Responsibilities:				
Period of employment: From: To:			Reason for leaving:	
May we contact your supervisor for references? YES <input type="checkbox"/> NO <input type="checkbox"/>				

<b>Employer:</b>			Telephone: ( )
Address:		Supervisor:	
Position:	Starting rate:	Final rate:	
Responsibilities:			
Period of employment:	From:	To:	Reasons for leaving:
May we contact your supervisor for references ?		YES <input type="checkbox"/>	NON <input type="checkbox"/>
<b>Employer:</b>			Telephone: ( )
Address:		Supervisor:	
Position:	Starting rate:	Final rate:	
Responsibilities:			
Period of employment:	From:	To:	Reasons for leaving:
May we contact your supervisor for references?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONAL INFORMATION		
Do you have a valid Quebec driver's licence?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Licence number :	Licence class:	
Describe any restrictions :		
Do you have a licence to transport hazardous material?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Through which company have you taken a course on hazardous material?		
Have you ever taken part in a CSST course?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever taken part in a CPR course?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you know how to operate a tractor?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you know how to operate a backhoe?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you know how to operate a grader?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you know how to operate a dump truck?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you know how to operate a snowplough?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you know how to operate a heavy truck?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you know how to operate a tandem truck?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you know how to use a chainsaw?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any abilities in plumbing?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any abilities in mechanics?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have any abilities in construction?		YES <input type="checkbox"/> NO <input type="checkbox"/>

**APPLICANT'S STATEMENT**

I certify that, in response to the questions above, this statement is complete and exact and in conformity with the truth. I acknowledge that any false declaration or important omission on my part, may lead to the rejection or dismissal of my application without notice.

*I recognize that the municipality reserves the right to request a pre-employment medical exam, including a test for drugs and alcohol and medical exams during my employment by a doctor designated by the company, provided that the medical information transmitted is in relation to my employment or the related conditions and treatment.*

It is agreed that should I be hired, I will be subjected to a trial period, in conformity with the company policies, period during which I may be dismissed from my position, without any recourse.

Candidate's signature: _____	Date: _____
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**REFERENCES**

I hereby authorize the MUNICIPALITY OF PONTIAC to contact my previous employers as well as my present employer for references. I release anyone or any company giving such references from any liability.

Candidate's signature: _____	Date _____
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**SECTION TO BE COMPLETED BY THE EMPLOYER**

COMMENTS:


Date hired:	Department:
Position:	Starting salary: