

OAKVILLE HYDRO CORPORATION

Application for Employment

861 Redwood Square, Oakville, ON L6J 5E3 Telephone: 905-825-4464

Position being applied for

Date available to begin work

<input type="checkbox"/> regular	<input type="checkbox"/> temporary
<input type="checkbox"/> summer	<input type="checkbox"/> part time

PERSONAL DATA

Last Name	First Name	Middle Initial
Address	Street	Apt. No.
Home Telephone Number		area code ()
City	Province	Postal Code
Business Telephone Number		area code ()
Are you legally eligible to work in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 16 years of age or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION

SECONDARY SCHOOL		BUSINESS, TRADE OR TECHNICAL SCHOOL		
Highest grade or level completed		Name of course	Length of course	
Type of certificate or diploma received		Licence, certificate or diploma awarded?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
COMMUNITY COLLEGE		UNIVERSITY		
Name of program	Length of Program	Length of course	Degree awarded	<input type="checkbox"/> Pass
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Honours
Diploma received?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Major subject		
Other courses, workshops, seminars		Licences, Certificates, Degrees		

Work related skills

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

EMPLOYMENT

Name and Address of present/last employer	Present/Last job title	
	Period of employment	Present/Last salary
	From _____ To _____	
	Name of Supervisor	Telephone
Type of Business	Reason for leaving	

Duties/Responsibilities

Name and Address of present/last employer	Present/Last job title	
	Period of employment	Present/Last salary
	From _____ To _____	
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Duties/Responsibilities

I authorize Oakville Hydro Corporation to contact the persons or organizations listed below for the purpose of obtaining reference information including data contained in my personnel file. These people are authorized to disclose such information:

Name	Position/Title	Phone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Activities (civic, athletic, etc.)

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

Have you attached an additional sheet?

 Yes No

Signature

Date