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):

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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.

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