

**THE CORPORATION OF THE TOWN OF COCHRANE
EMPLOYMENT APPLICATION FORM**

Position/Department applied for: _____

Name: _____

Permanent Address: _____
Street & House No./ Lot & Con. P.O. Box

Town/Province Postal Code Telephone Number

In which age group do you belong? 14 & under 14 to 24 25 & over

Are you returning to school? If so, Please indicate where. _____

Education (Indicate what institution you have attended and what level you have obtained.)

Secondary: _____

Post Secondary: _____

Other: _____

Work Experience: _____

Have you worked for us before? _____ If yes, when? _____

If hired, on what date will you be available to start work? _____

Name and Address of Last Employers:

Personal References: (excluding former employers or relatives)

I hereby certify that the facts set forth above are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature Date

If there are any other experiences, skills, or qualifications that you feel would especially fit you for work with us, please attach a personal resume.

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1990 M-45, and will be used to determine qualifications for employment with the Town of Cochrane. Questions about this collection should be directed to the Treasurer/Deputy Clerk, 171 Fourth Avenue, P.O. Box 490, Cochrane, Ontario P0L 1C0 (705) 272-4361.