

The Corporation of the Township of Guelph/Eramosa

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APPLICATION FORM

Please print legibly:

General Information	
Position/Department Desired:	Crossing Guard Department: Public Works
Are you legally entitled to work in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available to start work:	
Do you have reliable transportation to get to the work site?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Personal Information		
Last Name:	First Name:	Initial:
Are you over the age of 16? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address:	Apt/Unit:	
City/Town:	Postal Code:	
Home Telephone No.	Email Address:	
Home Address (if different from above):		

Education		
	Course or Subject	Name of Certificate / Degree / Diploma completed
High School	Please check last grade completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13	
Technical / Vocational		
College / University		
Are you a full time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Course:	
	Do you plan to return to school next term? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	

References and Employment Experience		
I authorize Township of Guelph/Eramosa to contact the persons or organizations listed below for the purpose of obtaining reference information, including information contained in my personnel file, for the purpose of verifying my suitability for employment with the Township of Guelph/Eramosa. These persons are authorized to disclose such information.		
Employer:	Address:	Telephone No.
Name of Supervisor:	Your Position:	From:
Position:	Duties:	To:
Employer:	Address:	Telephone No.
Name of Supervisor:	Your Position:	From:
Position:	Duties:	To:

Skills and Training	
Please outline the skills you have that relate to the School Crossing Guard position.	
Any other training that relates to your application? (specify) 1 st Aid; CPR etc.	

References
<p>For reference purposes, may we approach your present/last employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Your former employer(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>List <i>career-related</i> references and telephone numbers if different from those listed as present and former employers. Do not include family members.</p> <p>1. _____ 2. _____ 3. _____</p>

I understand that I may be required to provide legal proof of my ability to work in Canada and submit to a medical examination, if a conditional offer of employment is made.

I authorize the above-named individuals, current and previous employers (except as specifically excluded above) to provide you with any relevant information you require. In consideration of the acceptance of this application, I release the Township of Guelph/Eramosa and all previous and current employees of any and all liability arising out of such response and disclosure of information.

NOTE: A copy of this release may be provided to individuals, or employees when your background is checked.

Signature

Date