



The Corporation of the Municipality of Port Hope

56 Queen Street, Port Hope, Ontario L1A 3Z9

Phone: (905) 885-4544

Fax: (905) 885-7698

Check Applicable

Municipal Employment Application

Volunteer Firefighter Application

Date: _____
(mm/dd/yyyy)

(PLEASE PRINT CLEARLY)

Position(s) applied for _____

Full Time Part Time

Have you ever previously been employed by the Municipality of Port Hope? YES NO

If your application is considered favourably, on what date would you be available to start? _____
(mm/dd/yyyy)

PERSONAL

Mr. Mrs. Ms. (Check applicable)

Name: _____
(Last) (First)

Address: _____
(Street and Number) (Apt. #) (P.O. Box #)

(City/Town) (Province) (Postal Code)

Phone Number: _____ Email Address: _____
(Area Code)

EDUCATION / TRAINING

HIGH SCHOOL

Highest Grade or Level Completed _____ Graduated: YES NO

BUSINESS, TRADE OR TECHNICAL SCHOOL

Name of Program _____ Length of Program _____

State the License, Certificate or Diploma received: _____

COMMUNITY COLLEGE

Name of Program _____ Length of Program _____

State the Certificate or Diploma received: _____

UNIVERSITY

Name of Program _____ Length of Program _____

State the Degree received: _____

State Computer Skills:		
Describe any additional work-related education/training:		
License Class:	State any other special driving skills or training:	
G1 <input type="checkbox"/>	G2 <input type="checkbox"/>	G <input type="checkbox"/>
No License <input type="checkbox"/>		
CPR (Cardio-pulmonary resuscitation) Training	First Aid Training	AED / Defibrillation Training
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

EMPLOYMENT

List below all present and past employment, beginning with your most recent

Present/Last Job Title:	Period of Employment	
	From:	To:
Business Name:	City	Province/State
Type of Business:	Reason for Leaving:	
Job Duties/Responsibilities:		
Present/Last Job Title:	Period of Employment	
	From:	To:
Business Name:	City	Province/State
Type of Business:	Reason for Leaving:	
Job Duties/Responsibilities:		
Present/Last Job Title:	Period of Employment	
	From:	To:
Business Name:	City	Province/State
Type of Business:	Reason for Leaving:	
Job Duties/Responsibilities:		

The Municipality of Port Hope thanks all applicants for their interest in the position; however, only those candidates selected for an interview will be contacted. Personal information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and is used to determine eligibility for potential employment. The Municipality of Port Hope is an equal opportunity Employer. Accommodations are available, upon request, in the recruitment process for applicants with disabilities'

Please Read Carefully

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

Signature of Applicant _____

Date _____
(mm/dd/yyyy)