



**COUNTY OF FRONTENAC
EMPLOYMENT APPLICATION**

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection and Privacy Act, the information provided will be used for the necessary recruitment, selection and employment purposes of the County of Frontenac.

Job Title/Position		Job/Competition #		Date:	
Surname		First Name:		Middle Initial.	
Full Address	Province	Home Phone		Email Address	
	Postal Code	Alternate Phone		Are you 18 years of age or older? Yes No	
Are you legally entitled to work in Canada? Yes No If no, and you are selected for employment you will be required to submit proof of work authorization by Canadian Employment and Immigration.					
The County of Frontenac takes every precaution to avoid conflict of interest in its employment practices, including favouritism in hiring and employment of relatives who may be in a supervisory/subordinate relationship. Do you have relatives employed with the County of Frontenac? Yes No					
Name of Relative(s)		Relationship		Department	
EDUCATION AND TRAINING					
Institution	Name / Location	From	To	Course/Major	Diploma/Degree
<i>Secondary School</i>					
<i>College or Technical</i>					
<i>University</i>					
<i>Other</i>					
EMPLOYMENT HISTORY					
Employer		Location		From	To
Job Title/Position		Reason for Leaving			
Duties					

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Employer	Location	From	To
Job Title/Position		Reason for Leaving	
Duties			
Employer	Location	From	To
Job Title/Position		Reason for Leaving	
Duties			
Declaration			
<p>Have you ever been convicted of an offence under the Criminal Code, the Food and Drug Act, the Narcotic Control Act or any other federal statute for which a pardon has not been granted under the Criminal Records Act (Canada) or for which a pardon has been revoked? Yes No</p>			
If yes, please specify			
Consent to Obtain References			
I hereby authorize the County of Frontenac to contact the following references.			Signature
Name	Position	Organization	Phone
Name	Position	Organization	Phone
Name	Position	Organization	Phone
Name	Position	Organization	Phone

I hereby declare that the information contained in this application is true to the best of my knowledge is complete. I understand that false statements may disqualify me from my employment or result in immediate dismissal for just cause.

Signature:	Date: