

APPLICATION FOR EMPLOYMENT

COMPLETE ALL SECTIONS IN FULL AND PLEASE PRINT CLEARLY **POSITION APPLYING FOR: DATE AVAILABLE TO START: PERSONAL INFORMATION** LAST NAME: FIRST NAME: INITIAL: ADDRESS: POSTAL CODE: HOME TELEPHONE: CITY: PROVINCE: WORK/MOBILE TELEPHONE: ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES NO LRCA APPLIES FOR STUDENT WAGE SUBSIDY PROGRAMS WHICH GENERALLY REQUIRES PARTICIPANTS BE BETWEEN THE AGES OF 15 AND 30, AND RETURNING TO SCHOOL IN SEPTEMBER AS A FULL-TIME STUDENT. ARE YOU BETWEEN THE AGES OF 15 AND 30? YES ARE YOU RETURNING TO SCHOOL IN SEPTEMBER AS A FULL-TIME STUDENT? YES NO **N/A** (NOT APPLYING FOR STUDENT POSITION **EDUCATION TYPE OF SCHOOL** NAME OF SCHOOL **COURSES MAJORED IN GRADUATE** UNIVERSITY YES NO COLLEGE YES NO **BUSINESS/TRADE** YES NO HIGH SCHOOL YES NO **OTHER** SPECIAL TRAINING OR CERTIFICATES: PLEASE INDICATE IF YOU ARE ABLE AND WILLING TO WORK WEEKENDS, EVENINGS AND HOLIDAYS IF REQUIRED: ARE YOU APLYING FOR FULL-TIME, CONTRACT OR SUMMER EMPLOYMENT? FULL-TIME CONTRACT SUMMER **EMPLOYMENT HISTORY** MOST RECENT/CURRENT EMPLOYER: FROM: TO: ADDRESS: POSITION: SUPERVISOR: **DUTIES & RESPONSBILITIES:**



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| REASON FOR LEAVING: | | |
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| 2) SECOND LAST EMPLOYER: | FROM: | TO: |
| ADDRESS: | POSITION: | SUPERVISOR: |
| DUTIES & RESPONSBILITIES: | | |
| | | |
| REASON FOR LEAVING: | | |
| 3) THIRD LAST EMPLOYER: | FROM: | TO: |
| ADDRESS: | POSITION: | SUPERVISOR: |
| DUTIES & RESPONSBILITIES: | | |
| | | |
| REASON FOR LEAVING: | | |
| REASON FOR LEAVING: | | |
| EMPLOYED BY THE LRCA PREVIOUSLY? YES NO | | |
| CURRENT VALID ONTARIO DRIVER'S LICENSE CLASSIFICATION: A C D F | G Z | |
| EQUIPMENT OPERATED: | | |
| | ype) | |
| SOFTWARE EXPERIENCE | | |
| WORD EXCEL POWERPOINT OUTLOOK OTHER HOBBIES, RECREATION, COMMUNITY AND CLUB ACTIVITIES | | |
| (Do not list clubs or organizations of a religious, racial or ethnic charact | ter) | |
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ONTARIO HUMAN RIGHTS CODE: It is a contravention of the Human Rights Code of Ontario to discriminate on the basis of: race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, marital status, family status, disability, age, record of offences, gender identity or gender expression. Therefore, a resume submitted to the LRCA must not include references to any of the above characteristics.

| QUALIFICATIONS |
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| USE THE SPACE BELOW TO SUMMARIZE ANY INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS AND/OR ATTACH A |
| RESUME: |
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| DO YOU HAVE ANY SUPERVISORY EXPERIENCE? |
| IF YES, GIVE DETAILS: |
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| TERMS AND CONDITIONS |
| I understand that where successfully completing an employment related medical is a bona fide job requirement, employment will be offered |
| conditional upon my successfully completing the medical examination. |
| If employed by the LRCA, I agree to be governed by all rules and regulations of the Authority and agree to any conditions of employment in |
| effect at the time of my employment or thereafter. |
| I agree to present proof of age if I am offered a position with the LRCA, understanding that this is essential information for insurance/pension |
| purposes. |
| I understand that I will be required to show proof of validity of my Ontario Driver's License, professional licenses and/or education when such |
| certification constitutes a job requirement. |
| I agree to provide information identifying previous and past employers, in order to be approached for references. I understand that such |
| references will only be sought with my knowledge and permission. |
| I understand that police reference checks and/or security clearance may be required for certain positions. |
| BY SUBMITTING MY APPLICATION, I AGREE THAT: |
| The foregoing statements are correct to the best of my knowledge and I understand that a misrepresentation on this form or any |
| accompanying documents may disqualify me for employment or cause my dismissal. |
| |
| DATE: SIGNATURE: |
| Personal information contained on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act/Municipal |
| Freedom of Information and Protection of Privacy Act and will be used for the purpose of assessing your suitability for employment. Questions about this collection should be directed to Mervi Henttonen, General Manager/Secretary-Treasurer, in charge of information, at |

WE THANK ALL APPLICANTS FOR THEIR INTEREST.
ONLY THOSE CANDIDATES SELECTED FOR FURTHER CONSIDERATION WILL BE CONTACTED.

(807) 344-5857; fax (807) 345-9156.