



**FORTFRANCES**  
BOUNDLESS

**EMPLOYMENT APPLICATION**

PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING:

\_\_\_\_\_

PERSONAL INFORMATION				
LAST NAME		FIRST NAME	INITIAL	DATE AVAILABLE TO BEGIN WORK
ADDRESS			POSTAL CODE	CONTACT INFORMATION
VALID DRIVER'S LICENCE ON: <input type="checkbox"/> G1 <input type="checkbox"/> G2 <input type="checkbox"/> G MB: <input type="checkbox"/> 5L <input type="checkbox"/> 5I <input type="checkbox"/> 5F OTHER: _____		ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL: CELL: OTHER:

HAVE YOU REVIEWED THE JOB DESCRIPTION FOR THE POSITION FOR WHICH ARE APPLYING?

YES    NO

ARE YOU PHYSICALLY ABLE TO PERFORM THE CORE DUTIES OF THE POSITION FOR WHICH YOU HAVE APPLIED?

YES    NO

HAVE YOU BEEN PREVIOUSLY EMPLOYED BY THE TOWN OF FORT FRANCES?

YES    NO

IF YES, IN WHICH DEPARTMENT? \_\_\_\_\_

EMPLOYMENT HISTORY				
EMPLOYER NAME	POSITION HELD	START DATE	END DATE	REASON FOR LEAVING

EDUCATION		
TYPE OF SCHOOL	INSTITUTION & FIELD OF STUDY	YEAR OF GRADUATION
HIGH SCHOOL		
COLLEGE		
UNIVERSITY		
OTHER		

VOLUNTEER EXPERIENCE				
ORGANIZATION	PROJECT	START DATE	END DATE	CONTACT

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED FULLY & SUBMITTED WITH YOUR RESUME & COVERING LETTER**

Email application packages are preferred. Please email your application package to:

[jobs@fortfrances.ca](mailto:jobs@fortfrances.ca)

Alternatively, you may submit your application package to:

*Human Resources Manager  
Town of Fort Frances  
320 Portage Avenue  
Fort Frances, ON P9A 3P9*

**Or via fax to: (807) 274-8479**

*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 certify that the information contained in this application is true and complete, to my knowledge. I understand that a false statement may disqualify me from the selection process and/or constitute just cause for termination of my employment.*

*I authorize any person, educational institution, or organization I have listed as a reference, to disclose in good faith any information they may have regarding my qualifications for employment. I will hold you and any of my former employers, educational institutions and any other persons giving references, free of liability for providing this information and any other reasonable and necessary information related to my application for employment.*

*Personal Information contained on this form is collected pursuant to the Municipal Act, 2001, and will be used for the purpose of determining eligibility for employment. Questions with respect to the collection of personal information should be addressed to the Freedom of Information and Privacy Coordinator, Town of Fort Frances, 320 Portage Avenue, Fort Frances, ON P9A 3S7 (807)274-5323.*