



## Crossing Guard Employment Application

### CONTACT INFORMATION

Last Name:	Given Name(s):
Address:	City/Town:
Province/Postal Code:	Home Number:
Email Address:	Cell Number:

### EMPLOYMENT HISTORY

Have you been employed by the Township of Brock previously?  Yes  No

If yes:

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Last place of employment:

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

**REFERENCES:**

Please provide 2 personal references including contact name and telephone number

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SKILLS:**

List any skills, training or experience relevant to this position:

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**CERTIFICATION:**

I hereby certify that I am legally eligible to work in Canada and that the information provided is true and complete to my knowledge and that any false statements made by me may disqualify me from employment or cause my dismissal. I understand that employees are required to sign a confidentiality and internet usage agreement. Also, certain job classifications are required to successfully pass a job related medical.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit application to:

**Township of Brock**

1 Cameron St. E.,  
Cannington, ON L0E 1E0

Or

Email: [brock@townshipofbrock.ca](mailto:brock@townshipofbrock.ca)