



**Application for Employment**

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

Name: \_\_\_\_\_  
Surname Given name

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Date Last Employed: \_\_\_\_\_

By Whom? Name: \_\_\_\_\_

Address: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Previous Occupations and Experience: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Would you be willing to submit a medical examination before entering upon employment with the Township of Brock?

Yes  No

Do you hold a valid Driver's Licence?  Yes  No Class: \_\_\_\_\_

Please give the names of two past employers or persons who are acquainted with you to be used as references by the municipality.

Reference One

Reference Two

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

**\*Please attach any certificates of qualification or documents of service to this form.**

The Township of Brock is an equal opportunity employer committed to diversity and inclusion within the workplace. We will provide accommodations throughout the recruitment, selection and/or assessment process to applicants with disabilities. If you require accommodation at any time throughout the recruitment process, please contact: [brock@townshipofbrock.ca](mailto:brock@townshipofbrock.ca)