TOWNSHIP OF WEST LINCOLN

EMPLOYMENT APPLICATION

1. PERSONAL:

Name: _____ _____ _____
Last First Initial

Address: _____ _____ _____
Street Town/City Postal Code

Phone No. (_____)_____

2. EDUCATION:

Elementary: _____ _____ _____
Level of Education Obtained Course Grade Completed

Secondary: _____ _____ _____
Level of Education Obtained Course Grade Completed

College: _____ _____ _____
Level of Education Obtained Course Diploma Completed

3. EXPERIENCE:

Present: _____ _____ (____)_____
Employer Address Phone Number

_____ _____
Duties No. of Years

Past: _____ _____ (____)_____
Employer Address Phone Number

_____ _____
Duties No. of Years

Past: _____ _____ (____)_____
Employer Address Phone Number

_____ _____
Duties No. of Years

4. OTHER SKILLS/EXPERIENCE:

Licenses: _____ _____
Type Class

Certificates: _____
Type

Other: _____

5. Do you have any condition which may prevent you from fully performing the duties requisite of the position to be filled?

_____ _____
Yes If yes, briefly explain

_____
No

Note: No person in the employment of the Township of West Lincoln will be permitted to have an employment reporting relationship with a direct relative of that employee.

X_____
Signature

Date:_____

Personal information collected will be used for the purposes indicated only, in accordance with the Municipal Freedom of Information & Privacy Act. Questions regarding the collection of personal information may be directed to the Office of the Municipal Clerk.