



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

APPLICATION FOR EMPLOYMENT-INTERNAL APPLICANTS

(For Use by Current TBDSSAB Employees Only)

POSITION APPLYING FOR:	COMPETITION #
CURRENT POSITION:	SENIORITY DATE

LAST NAME:	FIRST NAME:	INITIAL:
STREET ADDRESS:		CITY:
PROVINCE:		POSTAL CODE:
TELEPHONE:		

EDUCATION:

TYPE OF SCHOOL	DEGREE / DIPLOMA - COURSES MAJORED IN	COMPLETED
HIGH SCHOOL		YES <input type="checkbox"/> NO <input type="checkbox"/>
COLLEGE		YES <input type="checkbox"/> NO <input type="checkbox"/>
UNIVERSITY		YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER		YES <input type="checkbox"/> NO <input type="checkbox"/>

OFFICE EXPERIENCE: Typing _____ w.p.m. Software: _____ Other: _____

EMPLOYMENT HISTORY:

EMPLOYER: (List present employer first)	POSITION HELD:	DATES EMPLOYED:		REASON FOR LEAVING:
		FROM	TO	

SPECIAL INTERESTS: (Hobbies, Recreational, Community and Club Activities. Do Not List Clubs or Organizations of a Religious, Racial or Ethnic Character.)

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 or record of offences. Therefore a resume submitted to The District of Thunder Bay Social Services Administration Board must not include references to any of the above characteristics.

INFORMATION REQUESTED ON THIS FORM DOES NOT CONTRAVENE THE ONTARIO HUMAN RIGHTS CODE.

EXPERIENCE AND SKILLS

(Use the space below to summarize any information necessary to describe your full qualifications and/or attach a resume.)

Have you attached additional information? Yes No

AUTHORIZATION FOR REFERENCE CHECK AND CONSENT FORM:

IF SELECTED FOR AN INTERVIEW, APPLICANTS WILL BE REQUIRED TO PROVIDE TWO WORK-RELATED, SUPERVISORY REFERENCES.

I authorize The District of Thunder Bay Social Services Administration Board (TBDSSAB) to contact the people and/or organizations listed below for the purpose of obtaining reference information contained in my personnel file. I further authorize these people and/or organizations to disclose such information:

CONTACT	POSITION TITLE & COMPANY NAME	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

I authorize TBDSSAB to disclose reference information including information contained in my personnel file and for so doing this shall be your good and sufficient authority.

I understand that employees of the TBDSSAB will not be employed in more than one position except where it can be conclusively demonstrated that no other alternatives exist with respect to staffing requirements and/or the employee is entitled to hold more than one position by virtue of collective agreement provisions. The appointment of employees into more than one position will be subject to the CAO's approval.

I understand that applicants for positions will not be successful where the applicant is closely related to the immediate supervisor of the position, who has disciplinary and evaluative functions to perform over the successful applicant or performs an auditing function. Closely related means: parents (including "step"), spouse (including common-law), children (including "step" and grandchildren, brothers and sisters), father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law and/or sister-in-law.

I hereby certify that the information set forth above is true and complete, and I understand that omissions or false statements will be considered sufficient cause for rejection of application or discharge if hired. If employed with the TBDSSAB, I agree to be governed by all rules and regulations and agree to any conditions of employment in effect at the time of my employment or subsequent thereto. If required, I agree to submit to a medical examination as a condition of employment and at any other time that the TBDSSAB may request such an examination, and give permission to the Board's designated physician to obtain further medical information from my own physician.

Date: _____ Signature: _____

Personal information on this form is collected in accordance with the MFIPPA, as amended, and will be used to determine eligibility for employment. Questions about this collection of personal information should be directed to Human Resources, The District of Thunder Bay Social Services Administration Board, 3rd Floor, 231 May Street South, Thunder Bay, Ontario P7E 1B5.

Please Note: This form MUST be completed fully, otherwise this application will NOT be considered for the position.

