



THE DISTRICT OF THUNDER BAY
SOCIAL SERVICES ADMINISTRATION BOARD

DATE STAMP

APPLICATION FOR EMPLOYMENT

(FOR USE BY CURRENT TBDSSAB EMPLOYEES ONLY)

POSITION APPLYING FOR:		JOB COMPETITION #:				
CURRENT POSITION:		SENIORITY DATE:				
LAST NAME:		FIRST NAME:		INITIAL:		
STREET ADDRESS:		CITY:		PROVINCE:	POSTAL CODE:	
HOME TELEPHONE:		WORK TELEPHONE:		OTHER TELEPHONE:		
EMAIL ADDRESS:						
EDUCATION						
TYPE OF SCHOOL	DEGREE/DIPLOMA - COURSES MAJORED IN				COMPLETED	
HIGH SCHOOL:					<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE:					<input type="checkbox"/> YES <input type="checkbox"/> NO	
UNIVERSITY:					<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE:					<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER:					<input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIAL CERTIFICATES OR TRAINING:						
EMPLOYMENT HISTORY:						
EMPLOYER: (List present employer first)		POSITION HELD:		DATES EMPLOYED:		REASON FOR LEAVING:
				FROM	TO	
CURRENT VALID ONTARIO DRIVER'S LICENCE						
CLASSIFICATION:	<input type="checkbox"/> G	<input type="checkbox"/> G2	<input type="checkbox"/> G1			
SOFTWARE EXPERIENCE						
<input type="checkbox"/> WORD	<input type="checkbox"/> EXCEL	<input type="checkbox"/> POWERPOINT	<input type="checkbox"/> OUTLOOK	<input type="checkbox"/> NAV	<input type="checkbox"/> SDMT	<input type="checkbox"/> YARDI
OTHER:			TYPING (WPM):			
LANGUAGE SKILLS						
<i>TBDSSAB is designated for the provision of Services in French and encourages all applicants to identify their ability to communicate in French</i>						
WRITTEN COMMUNICATION SKILLS:	<input type="checkbox"/> N/A	<input type="checkbox"/> NOVICE	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED		
ORAL COMMUNICATION SKILLS:	<input type="checkbox"/> N/A	<input type="checkbox"/> NOVICE	<input type="checkbox"/> INTERMEDIATE	<input type="checkbox"/> ADVANCED		

EXPERIENCE AND QUALIFICATIONS

Use the space below to summarize any information necessary to describe your full qualifications and attach a resume

SPECIAL INTERESTS - HOBBIES, RECREATION, 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 an application 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

Have you attached additional information?

Yes

No

TERMS AND CONDITIONS

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.

If employed by TBDSSAB, I agree to be governed by all rules and regulations of the organization and agree to any conditions of employment in effect at the time of my employment or thereafter.

I agree to complete an employment related medical examination as a condition of employment and at any other time that the TBDSSAB may request such an examination.

I understand that I will be required to show proof of validity of my driver's licence, professional licences, and/or education when such certificate constitutes a job requirement.

I understand that police record checks may be required for certain positions.

By submitting my application, I hereby certify that the foregoing statements are true and correct to the best of my knowledge and I understand that a misrepresentation of this form or any accompanying documents may disqualify me for employment or cause my dismissal.

Signature: _____

Date: _____

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 the Human Resources, The District of Thunder Bay Social Services Administration Board, 231 May Street South, Thunder Bay, Ontario P7E 1B5.

THIS FORM MUST BE FULLY COMPLETED BY THE APPLICANT TO BE VALID.

**WE THANK ALL APPLICANTS FOR THEIR INTEREST.
ONLY THOSE CANDIDATES SELECTED FOR FURTHER CONSIDERATION
WILL BE CONTACTED BY EMAIL OR TELEPHONE.**