T O W N O F W A B U S H
STUDENT EMPLOYMENT APPLICATION

NAME: _____ DATE: _____
Last Middle First M/D/Y

ADDRESS:_____
No. Street P.O. Box No. Town Province Postal Code

TELEPHONE #: _____ SOCIAL INSURANCE #:_____

DATE OF BIRTH: _____ MARITAL STATUS: _____
M/D/Y

PERSON TO CONTACT IN CASE OF ILLNESS: _____

DATES AVAILABLE TO WORK: START _____FINISH _____

TYPE OF WORK DESIRED: _____

RECORD OF EDUCATION

SCHOOL	COURSE OF STUDY	YRS SUCCESSFULLY COMPLETED
University		
College		
Trade School		
High School		
Training Certificate/Other Courses		

Did you attend University, College, Post Secondary or High School last semester? _____ _____
Yes No

Do you plan to Return this Fall ? _____ _____
Yes No

IF YES, YOU MUST SUPPLY PROOF OF ATTENDANCE FROM LAST YEAR & ACCEPTANCE FOR THIS YEAR FROM THE SCHOOL WITH *THIS APPLICATION*

Have you worked with the Municipality before ? ____ _____ If so, when? _____
Yes No _____

PREVIOUS EMPLOYMENT
(Begin with the most Recent)

EMPLOYER	ADDRESS	FROM Mth/Yr	TO Mth/Yr	BRIEF STATEMENT OF DUTIES	REASON FOR LEAVING	RATE OF PAY

REFERENCES

NAME	OCCUPATION	ADDRESS	PHONE NUMBER

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN MY APPLICATION FOR EMPLOYMENT AND UNDERSTAND THAT ANY FALSE STATEMENT BY ME WILL PREVENT MY EMPLOYMENT OR MAY BE CAUSE FOR DISMISSAL IF HIRED. IF EMPLOYED, I AGREE TO ABIDE BY ALL THE GENERAL SAFETY RULES OF THE MUNICIPALITY.

SIGNATURE OF APPLICANT _____