

Position Information

Position being applied for:

Have you worked here before?

Yes

No

If yes, when and what positions?

Do you want to work:

Full-time

Part-time

Temporary

Personal Information

First Name:

Last Name:

Middle Initial:

Address:

City:

Province:

Postal Code:

Home Phone Number:

Alternate Phone Number:

Email:

Are you legally eligible to work in Canada?

Yes

No

Have you ever been convicted of a criminal offence that you have not been pardoned for?

Yes

No

Driving Information

Driver's License Number:

Class of License:

Any accidents in the past 5 years for which you were held responsible?

Yes

No

If yes, please explain.

Do you have any past professional driving experience?

Yes

No

If yes, please explain.

Education

Secondary School

Name of School:

Last Year Attended:

Diploma Obtained:

Yes

No

College

Name of School:

Last Year Attended:

Name of Program/Diploma:

Diploma Obtained:

Yes

No

University

Name of School:

Last Year Attended:

Major Subject/Degree:

Degree Obtained:

Yes

No

Other Education

Certificates, Diplomas, Degrees Obtained:

List any specialized training, skills, awards, professional designations, and other education:

Work Experience**Present or Last Employer**

Name:	Address:	
Job Title:	Period of Employment (from/to):	Reason for Leaving:
Name and Title of Supervisor/Contact:	Phone Number:	

Describe Job Duties and Responsibilities:

Previous Employer

Name:	Address:	
Job Title:	Period of Employment (from/to):	Reason for Leaving:
Name and Title of Supervisor/Contact:	Phone Number:	

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Describe Job Duties and Responsibilities:

May we contact your present employer or previous employers for references?

- Yes
 No

The Niagara Transit Commission is an equal opportunity employer committed to inclusive, barrier-free recruitment and selection processes and work environments. We will accommodate the needs of applicants under the *Ontario Human Rights Code* and the *Accessibility for Ontarions with Disabilities Act (AODA)* throughout all stages of the recruitment and selection process. If you are called for an interview, please advise us to ensure your accessibility needs are accommodated throughout this process.

I hereby certify that the information given is true and correct to the best of my knowledge. I authorize the Commission to obtain a copy of any medical records, which pertain to my employment with the Commission. I understand that a Criminal Check and a Medical Clearance will be completed. References will be contacted for purposes of verification for the above statements. I understand that any misrepresentation on this application would be considered just cause for termination of my employment.

Applicant Signature: _____

Date: _____