

SCARBOROUGH TOWN CENTRE SECURITY OFFICER APPLICATION FORM



PERSONAL INFORMATION

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|---|-----------|---------------------------------------|--|
| Last Name: | | Given Name(s): | |
| Complete Address: (include #, Street, Apt. #, Lot, Concessions, Rural Route #) | | Home Telephone Number: () | |
| | | Business Telephone Number: () | |
| City or Town: | Province: | Postal Code: | |

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| Are you at least 18 years of age? | Yes | No |
| Are you eligible to work in Canada? | Yes | No |
| Are you a Canadian citizen or a permanent resident of Canada? | Yes | No |
| Do you possess a valid driver's licence that permits you to drive an automobile in Ontario with full driving privileges? | Yes | No |
| Do you possess a current certificate in First Aid and C.P.R.? | Yes | No |
| The position you are applying for requires you to be able to walk for the better part of an 8 hour shift. Do you have any medical conditions that would cause you any problems in doing so? | Yes | No |

EDUCATION

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|--------------------------------------|---------------------------------|--|-----|----|
| Secondary School: | Certificate / Diploma Received: | | | |
| Highest Grade or Level Completed: | | | | |
| Community College: | Length of Program: | Diploma Received? | Yes | No |
| Name of Program: | | | | |
| Business, Trade or Technical School: | Length of Course: | Licence, Certificate or Diploma Awarded? | Yes | No |
| Name of Course: | | | | |
| University: | Length of Course: | Degree Awarded? | Yes | No |
| Major Area of Study: | | | | |

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| Other relevant courses: (Workshops, Seminars, Training, Licences, Certificates or Degrees) |
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EMPLOYMENT HISTORY (Begin with the most recent employer)

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|---|--|--|-----------|
| Present or Previous Employer: | | | |
| Telephone Number: () | | Date of Employment: From: To: | |
| Complete Mailing Address (include Postal Code): | | | |
| Supervisor's Name and Title: Name: | | Position Title: | |
| Title: | | | |
| Brief Description of Duties: | | | |
| Reason for Leaving: | | May this employer be contacted for further information? | Yes No |

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| Complete Mailing Address (include Postal Code): | | | |
| Supervisor's Name and Title: Name: | | Position Title: | |
| Title: | | | |
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| Title: | | | |
| Brief Description of Duties: | | | |
| Reason for Leaving: | | May this employer be contacted for further information? | Yes No |

I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration for employment or result in the termination of my employment. It is understood and accepted that I am involved in a competitive selection process and that I may be declined at any stage of this process.

Signed: _____ Date: _____

The information on this form is confidential and will be treated as such.