

BUFFALO AND FORT ERIE PUBLIC BRIDGE AUTHORITY CANADIAN. APPLICATION FOR EMPLOYMENT

Date of Application		Available			
Position(s) Applied For		Regular	Part-Time	Summer	
Nam	e	<u>.</u>			
Addı	Last 'ess	First	t	Middle	
	Number Stree	v	State/Province	Zip/Pos	tal Code
Plea	se answer all of the following quest	tions:		Yes	No
Are :	you legally eligible to work in Canada?				
If re	quired can you work at the Authorities	U.S. Facilities?			
Are :	you 18 years or more and less than 65 y	years of age?			
Have	e you ever been convicted of a Federal	offence for which a par	rdon has not been	granted?	
Can	you be bonded?				
1.	Employer:	uy, or numan rights co	Dates: From	/ / To	/ /
	od of employment (includes leaves pensation claims, handicap/disabili			ntal leave, Woi	rkers"
1.			Dates: From	/ / To	/ /
	Address:		Telephone No	o.: ()	
	Job Title:		Kind of Work	:	
	Supervisor:		Rate of Pay:		
	Reason for Leaving:				
2.	Employer:		Dates: From	/ / To	/ /
	Address:		Telephone No	o.: ()	
	Job Title:		Kind of Work	:	
	Supervisor:		Rate of Pay:		
	Reason for Leaving:				
3.	Employer:		Dates: From	/ / To	/ /
	Address:		Telephone No	o.: ()	
	Job Title:		Kind of Work	::	
	Supervisor:		Rate of Pay:		
	Reason for Leaving:				
	employment references we may app	proach:	Yes	No	
	last employer? former employer(s)?				

EDUCATIONAL RECORD

Type of School	Major in Business or Trade School	Last Grade Completed	Did You Graduate
High or Secondary		9 10 11 12 13	
College or University		*	
Vocational		1 2 3 4	

^{*}Seasonal Applicants indicate year of college now attending

REFERENCES

Give three (3) personal references (not relatives, former fellow employees, or employers)

Name	Address	No. Years Acquainted	Present or Most Recent Occupation

QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR DISABILITY.

- < I agree to give the Authority two (2) weeks prior notice of resignation.
- < I understand that a false statement may disqualify me from employment or cause my dismissal.
- I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

8 Have you attached an additional Sheet?		Yes	No
Interviewed by:	Signature of Applicant:		
Date: / /	Date: / /		

APPLICATIONS SHALL BE KEPT ON FILE FOR TWELVE (12) MONTHS

DATE RECEIVED _____/____