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LANSLOWNE, ONTARIO
CANADA K0E 1L0

MAIN OFFICE: COLLINS LANDING
P.O. BOX 428
ALEXANDRIA BAY, NY 13607
TEL: (315) 482-2501
TEL: (315) 658-2281
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APPLICATION FOR EMPLOYMENT

(The Thousand Islands Bridge Authority considers all applicants for employment without regard to race, color, religion, sex, national origin, age, disability, marital status, or veteran's status in accordance with federal, state and local laws.)

DATE: _____

I. PERSONAL INFORMATION

1. Name: _____
Last First Middle Initial

2. Phone Number: _____

3. Place of Residence:

Street _____ Apt. No. _____

City _____ State/Province _____ Zip Code/Postal Code _____

4. Mailing Address (if different)

Street _____ Apt. No. _____

City _____ State/Province _____ Zip Code/Postal Code _____

5. Are you legally entitled to work in the USA/Canada?

☐ Yes ☐ No

Please specify which country: _____

6. Languages

speak

write

English

☐

☐

French

☐

☐

Other

☐

☐

7. In what geographical areas, municipality, town or province are you willing to work?

8. Have you ever been employed by Thousand Islands Bridge Authority?

☐ Yes ☐ No

If yes, please explain when, what position, and the reason for your leaving:

9. Have you ever been convicted of a crime?

☐ Yes ☐ No

If yes, please explain:

10. Have you ever served in the military?

☐ Yes ☐ No

If yes, please specify which branch:

II. EMPLOYMENT DESIRED

1. Type of position sought: _____
2. Salary expected: _____
3. Give date you will be available for work: _____
4. ☐ Full-Time ☐ Part-Time ☐ Seasonal
5. In the space provided, relate your work experience, skills, demonstrated achievements, including voluntary work, or any other information, you believe relates to the job for which you have applied.

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III. QUALIFICATIONS

1. Record of Education:

School	Name and Address of School	Course of Study	Number of Years Completed	Did You Graduate?	Diploma or Degree Received

2. Other training or courses completed:

3. List any trade licenses or certificates you possess:

4. List any professional associations you belong to (*if applicable*):

5. Do you have a valid driver's license?

☐ Yes ☐ No

If yes, please specify which class? _____

IV. WORK HISTORY

1. Name of present/last employer

Date employed from _____ to _____ Salary: _____

Address: _____

Phone No.: _____ Supervisor's Name: _____

Job title and description of work and responsibilities:

Reason for leaving:

2. Name of previous employer

Date employed from _____ to _____ Salary: _____

Address: _____

Phone No.: _____ Supervisor's Name: _____

Job title and description of work and responsibilities:

Reason for leaving:

3. Name of previous employer

Date employed from _____ to _____ Salary: _____

Address: _____

Phone No.: _____ Supervisor's Name: _____

Job title and description of work and responsibilities:

Reason for leaving:

V. REFERENCES

Name two persons (excluding relatives, members of the Bridge Authority Board of Directors, and employees of the Authority) who know your work and to whom we may refer in confidence.

Name	Position Title and Organization	Address and Telephone No.
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_____	_____	_____
_____	_____	_____

VI. CERTIFICATION

I hereby certify that the foregoing is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

Applicant's Signature