

Competition File Number

Applicant's Last Name

First Name

GO Employee Number

# Application for Employment





**Instructions:** 1. Please print.  
2. Incomplete information could affect the evaluation of your application.

Position title \_\_\_\_\_

Type of employment desired

Full-time     Part-time     Summer student

## Personal Data

Last name \_\_\_\_\_ First name \_\_\_\_\_ Initial \_\_\_\_\_ Preferred name \_\_\_\_\_

Address (Street #, name) \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone Number(s)	Area Code	Number	French proficiency	Other spoken languages ( <i>please list</i> ):	
Home:			<input type="checkbox"/> Oral <input type="checkbox"/> Written		
Office:			Do you have a valid driver's licence in good standing?	Class	<i>Abstract may be requested at time of interview.</i>
Cell:			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Education

Name of secondary school	Highest grade or level completed	Type of certificate or diploma received		
Name of business, trade or technical school	Name of program	Length of program	Licence, certificate or diploma awarded <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of community college	Name of program	Length of program	Licence, certificate or diploma awarded <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of university	Name of program	Length of program	Licence, certificate or diploma awarded <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Other courses, workshops and seminars

Title \_\_\_\_\_ Date completed \_\_\_\_\_

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## Professional qualifications, memberships and affiliations

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To assist in the assessment of your qualifications, please complete these sections thoroughly.  
Attach additional sheets if necessary.

### Present or Most Recent Employment

Position title				Duties/Responsibilities					
Salary		Period of employment							
<input type="checkbox"/> Hourly		From:						To:	
\$		Month	Year					Month	Year
<input type="checkbox"/> Annually									
Company name									
Address (street #, name)									
City/Town		Province		Postal Code					
Name of immediate supervisor				Reason for leaving					
Department									
Telephone #		Ext.							

### Previous Employment

Position title				Duties/Responsibilities					
Salary		Period of employment							
<input type="checkbox"/> Hourly		From:						To:	
\$		Month	Year					Month	Year
<input type="checkbox"/> Annually									
Company name									
Address (street #, name)									
City/Town		Province		Postal Code					
Name of immediate supervisor				Reason for leaving					
Department									
Telephone #		Ext.							

### Previous Employment

Position title				Duties/Responsibilities					
Salary		Period of employment							
<input type="checkbox"/> Hourly		From:						To:	
\$		Month	Year					Month	Year
<input type="checkbox"/> Annually									
Company name									
Address (street #, name)									
City/Town		Province		Postal Code					
Name of immediate supervisor				Reason for leaving					
Department									
Telephone #		Ext.							

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## Additional Information

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Use this space if you wish to record any additional information not covered in the previous sections.

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*NOTE: Because some of the factors are job requirements (e.g. valid driver's licence, professional licence, entitlement to employment), disqualification of same or change in status may result in re-assignment or termination of employment.*

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1. Do you have any relatives working for GO Transit?

No  Yes - specify:

Employee's name: \_\_\_\_\_

Job title: \_\_\_\_\_

2. Are you eligible to work in Canada?

No  Yes

3. Have you attached additional sheets/resume?

No  Yes

4. Do you have a conviction for a criminal offence for which a pardon has not been granted?

No  Yes

Information requested in this application is treated confidentially.

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify from employment or cause my dismissal.

Signature	Date
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Pursuant to Section 39(2) of the Freedom of Information and Protection of Privacy Act, you are hereby notified that personal information relating to you is being collected for the purpose of human resources staffing. The legal authority for this collection is the GO Transit Act, 2001, S.O. 2001, c.23, Schedule A, s.9(1). Questions about this collection should be addressed to the Director, Human Resources, 20 Bay Street, Suite 600, Toronto, Ontario M5J 2W3, telephone (416) 869-3600.

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## For Office Use Only