**Cover Letter – One Page Maximum**

**UNITED COUNTIES OF STORMONT, DUNDAS & GLENGARRY**

**Temporary Night Shift Supervisor – Application Form**

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| SECTION A: PERSONAL DATA |  |
| NameClick here to enter text. | Street Address and Apt. NumberClick here to enter text. | City and ProvinceClick here to enter text. |
| Postal CodeClick here to enter text. | Primary Phone NumberClick here to enter text. | Email AddressClick here to enter text. |
| Are you legally eligible to work in Canada?Choose an item. | Date available to begin workClick here to enter a date. | How did you hear about this posting? Click here to enter text. |

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| SECTION B: POST SECONDARY EDUCATION *You may attach a separate sheet if you require additional space.* |
|  |  |  |  |
| Name of program:Click here to enter text. | Length of program:Click here to enter text. | Highest level completed: *Type of certificate, diploma or degree received*Click here to enter text. |
| Academic achievements or awards received:Click here to enter text. |
|  |  |  |  |
| Name of program:Click here to enter text. | Length of program:Click here to enter text. | Highest level completed: *Type of certificate, diploma or degree received*Click here to enter text. |
| Academic achievements or awards received:Click here to enter text. |
| Other Training Courses or Certifications  |
| Please list any other relevant career-related workshops, courses or certifications you have attended or are attending, including the name of the workshop/course and date completed:Click here to enter text. |

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| SECTION C: EMPLOYMENT HISTORY |
| *Starting with your current or most recent employer and working backwards, please provide us with the following information. Please attach a separate sheet if you have more employment history.* |

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| Name, address and telephone number of employer:Click here to enter text. | Type of Business:Click here to enter text. | Employed:From:Click here to enter a date.To:Click here to enter a date. |
| List all positions held with this employer, including dates during which each position was held:Click here to enter text. |
| Name and title of supervisor(s):Click here to enter text. | Reason for leaving (or considering leaving if currently employed):Click here to enter text. |
| Duties/responsibilities:Click here to enter text. | List any significant achievements made or attained in this position:Click here to enter text. |
| Name, address and telephone number of employer:Click here to enter text. | Type of Business:Click here to enter text. | Employed:From:Click here to enter a date.To:Click here to enter a date. |
| List all positions held with this employer, including dates during which each position was held:Click here to enter text. |
| Name and title of supervisor(s):Click here to enter text. | Reason for leaving (or considering leaving if currently employed):Click here to enter text. |
| Duties/responsibilities:Click here to enter text. | List any significant achievements made or attained in this position:Click here to enter text. |

| SECTION D: WORK RELATED SKILLS |
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| 1. Please outline the skills, knowledge, education and experience you have that make you particularly suited for the position.

Click here to enter text. |
| 1. Briefly describe your experience with roads maintenance and operations.

Click here to enter text. |
| 1. Describe your management experience with both unionized and non-unionized employees.

Click here to enter text. |
| 1. Outline your experience dealing with members of the public.

Click here to enter text. |
| 1. Describe your knowledge and experience with winter maintenance equipment, and other equipment used for maintaining municipal infrastructure.

Click here to enter text. |

SECTION E: WORK RELATED EXPERIENCE

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| **Please rate yourself on your proficiency with the following:** **Note:** 1 = Minimal Experience 2 = Moderate Experience 3 = Extensive Experience |
| Microsoft Office Suite | Choose an item. |
| Minimum Maintenance Standards for Municipal Highways (O.Reg 239/02) | Choose an item. |
| Occupational Health and Safety Act & Regulations | Choose an item. |
| Construction Supervision | Choose an item. |
| Construction Activity Logs/Daily Journals | Choose an item. |
| **Please identify any additional skills: *(If rating yourself on software, please identify the application)*** |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |
| Click here to enter text. | Choose an item. |

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| SECTION F: REFERENCES |
| For reference purposes, may we approach your present/last employer? Choose an item.Your former employer? Choose an item.List *career-related* references and telephone numbers if different from those listed as present and former employers. Exclude family members.1)Click here to enter text.2)Click here to enter text.3)Click here to enter text. |

*I understand that I will be required to provide a criminal record check and that I may be required to provide legal proof of my ability to work in Canada and submit to a medical examination, if a conditional offer of employment is made*.

*I certify that the information contained in this application is true and complete, to my knowledge. I understand that a false statement may disqualify me from my employment or cause my dismissal.*

*I authorize any person, educational institution, or organization I have listed as a reference, to disclose in good faith any information they may have regarding my qualifications for employment. I will hold you and any of my former employers, educational institutions and any other persons giving references, free of liability for providing this information and any other reasonable and necessary information related to my application for employment.*

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| Signature | Date |

**Submission by e-mail:**

1. By placing your name on the signature line and dating this document, you have read, understood and agree to the conditions listed above.
2. The e-mail subject must contain: **Temporary Night Shift Supervisor**
3. E-mail your application package as one document in .pdf format to jobs@sdgcounties.ca