

TOWN OF MOUNT ROYAL

EMPLOYMENT APPLICATION FORM: 2017 GENERAL ELECTION

This form can be printed before or after completion. The information requested is necessary for assessing your application. Please answer all questions clearly and precisely. If you choose to handwrite, please print. Once duly completed, drop the document in person to M^e Shawn Labelle at Mount Royal Town Hall (90 Roosevelt Avenue). Forms received by mail, e-mail or fax will be automatically discarded, except for the candidates that have already met Me Labelle at the 2016 by-election.

The polling date is November 5, 2017 and the advanced poll will be held on October 29, 2017; you must be available all day long on the date where you work. Moreover, a mandatory formation will be held few days before the day that you will work, and that formation will be at 7:00 p.m.

For use by the applicant

GENERAL INFORMATION					
Last name: _____		First name: _____			
Address: _____				Apartment: _____	
City: _____		Province: _____		Postal code: _____	
Telephone: _____		E-mail: _____			
Spoken languages: French <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>					
Written languages: French <input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/>					
Have you obtained a high school diploma?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Have you obtained a CEGEP diploma	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you hold a driver's license?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you hold a social insurance card (S.I.N)	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	

AVAILABILITY
Available during: Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/>

ELECTORAL WORK EXPERIENCE (IF ANY)				
Year	Position / Function	Municipal	Provincial	Federal
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

POSITION DESIRED

For information purposes, please indicate your preferences. *The Returning Officer will grant positions as a function of experience and is in no way committed to respecting the preferences expressed below.*

- Deputy Returning Officer
- Poll Clerk
- Identity Verification Panel Member
- Welcome Table Clerk
- Replacement Workers

REFERENCE

Have you ever worked for the Town of Mount Royal, other than for the purposes of election? Oui Non

If yes, please indicate the year and the last position you occupied.

Year: _____ Position: _____

I declare that the information provided in this form is accurate and understand that a false declaration may result in the rejection of my candidacy or my dismissal, where appropriate.

Date: _____ Signature: _____

For any question regarding the present form, please contact M^e Shawn Labelle at 514 734-3011.

For use by the Election office

NOTES

Empty box for notes.