

APPLICATION FORM

Elgin Election Joint Compliance Audit Committee

Please attach this application form to the front of your resume or brief bio (Please do not include a cover letter).

PLEASE PRINT:

Name:			
	(last name)	(first name or name known by)	
Address:	911 Street Address		
	Apartment/Unit #	PO Box	Rural Route
	City/Town		Postal Code
Telephone:	Home	Cell	
	Work		
Email address:			

Instructions for completing this Career Profile and preparing your resume:

- Please answer 'yes' or 'no' to each question; please do not select both yes and no, or leave both blank.
- Your resume or brief bio should be based on your skills, experience, and qualifications compared to those listed in the terms of reference for the committee.
- You should include detailed information in your resume or brief bio for the questions where you answered 'yes'.
- Include your current and past employer's names, and under each employer include job titles, dates you were in each position, and a summary of your experience for each position
- Please do not include copies of transcripts, licenses, certificates, etc.

Education:			
Do you possess a college diploma (or university degree)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, name of the program:			
If no, do you possess a high school diploma?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Please include in your resume relevant post-secondary courses / programs / workshops not included above.			
Do you possess the following experience: (please include the number of years experience)			
Knowledge of the <i>Municipal Elections Act, 1996</i> ?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Knowledge and understanding of municipal election campaign financing rules?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Experience working on a committee, task force, or similar setting?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Availability and willingness to attend meetings?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you the owner or tenant of land or the spouse of an owner or tenant of land in the County of Elgin. If so, name of municipality: _____	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Are you 18 years of age or older?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

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. Yes No

Completed by: (print name)

Date completed:

Applicant information is collected under the authority of the Municipal Freedom of Information and Privacy legislation and will be used strictly for the purpose of committee appointments. We thank all applicants in advance; however, only those applicants selected for an interview will be contacted.