

Application for Employment

TOWN OF BOTWOOD SUMMER PROGRAMS

P.O. BOX 490, BOTWOOD, NL A0H 1E0

For Office Use Only: Date Received: _____

Attachments Yes No

Initial _____

PLEASE ATTACH A RESUMÉ TO THIS APPLICATION

NAME

Last

First

ADDRESS

P.O. Box #

Street Address

City

Province

Postal Code

EMAIL ADDRESS

DATE OF BIRTH

____/____/____
D M Y

TELEPHONE #

CELL #

IF YOU DO NOT HAVE A SOCIAL INSURANCE NUMBER, PLEASE APPLY FOR ONE IMMEDIATELY

POSITIONS APPLIED FOR: 1ST CHOICE _____

2ND CHOICE _____

ARE YOU READILY AVAILABLE FOR AN INTERVIEW? YES NO

IF NO, PLEASE INDICATE DATES AND TIMES AVAILABLE.

DO YOU HAVE A VALID DRIVERS LICENCE? YES NO

IF YES, CLASS 04 _____ CLASS 05 _____

DO YOU HAVE ACCESS TO A VEHICLE? YES NO

IF YES, FULL-TIME _____ PART-TIME _____

EDUCATION

High School: Please indicate the highest grade completed

_____ Grade _____ Date/Year Completed

Post Secondary _____ Institution

_____ Program

_____ Dates Attended

_____ Certificate/Diploma Received

Are you planning to attend a secondary/post secondary institute in September of this year?

Yes No

Describe course of study _____

QUALIFICATIONS

Please attach copies of certificates/awards.

HNL Superhost _____ Date Awarded _____

First Aid _____ Expiry Date _____

C.P.R. _____ Expiry Date _____

Other _____

National Coaching Certificate Program (N.C.C.P.)

Theory Level I _____ Date Completed _____

Theory Level II _____ Date Completed _____

N.C.C.P. Technical Coaching Courses

SPORT	LEVEL	DATE COMPLETED

RECREATION/SPORT ACTIVITIES AND SKILLS

(Please indicate if you have any skills or experience in the following areas. Please attach copies of certificates where applicable.)

- | | |
|--|---|
| <input type="checkbox"/> Drama | <input type="checkbox"/> Art |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Music (Voice/Instrument) _____ |
| <input type="checkbox"/> Orienteering | <input type="checkbox"/> Softball/Baseball |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Referee etc. (Sport) _____ |
| <input type="checkbox"/> Other (Please Describe) | _____ |
| | _____ |
| | _____ |

VOLUNTEER EXPERIENCE

- | | |
|--|--|
| <input checked="" type="checkbox"/> Hospital | <input type="checkbox"/> Student Council |
| <input checked="" type="checkbox"/> Pre-School | <input type="checkbox"/> Church/Parish |
| <input type="checkbox"/> Sport Group | <input type="checkbox"/> Community Organizations |
| <input type="checkbox"/> Other | _____ |

Comments _____

EMPLOYMENT HISTORY

Employer: _____ Supervisor: _____
Telephone : (____) _____ Dates Employed: _____

Employer: _____ Supervisor: _____
Telephone : (____) _____ Dates Employed: _____

Employer: _____ Supervisor: _____
Telephone : (____) _____ Dates Employed: _____

PERSONAL REFERENCES (EXCLUDING RELATIVES)

NAME	OCCUPATION	TELEPHONE

IF THERE ARE OTHER ITEMS WHICH YOU FEEL ARE PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE USE THE SPACE BELOW TO INDICATE:

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICE USE ONLY

INTERVIEW YES NO DATE _____ TIME _____

ACCEPTED FOR EMPLOYMENT POSITION _____

APPROVED BY: _____ DATE _____