

# Application for Employment

TOWN OF BOTWOOD SPORTS ASSISTANT 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 \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
D / M / Y

CELL # \_\_\_\_\_

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

POSITIONS APPLIED FOR: FOR THE YEAR 2021 THE ONLY POSITION AVAILABLE IS  
SPORTS ASSISTANT

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 grade you are presently attending or have 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 type="checkbox"/> Hospital    | <input type="checkbox"/> Student Council         |
| <input 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 \_\_\_\_\_