

Application for Employment

TOWN OF BOTWOOD BEAUTIFICATION OFFICER 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: FOR THE YEAR 2021 THE ONLY POSITION AVAILABLE IS
BEAUTIFICATION OFFICER/PUBLIC WORKS DEPARTMENT

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 _____ 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.

First Aid _____ Expiry Date _____

C.P.R. _____ Expiry Date _____

Other _____

ACTIVITIES AND SKILLS

Please indicate if you have any skills or experience with landscaping equipment such as lawnmower, whipper snippers or hedge trimmer or if you have had any safety training.

(Please Describe)

EMPLOYMENT HISTORY

Employer: _____ Supervisor: _____

Telephone : (____) _____ Dates Employed: _____

Employer: _____ Supervisor: _____

Telephone : (____) _____ Dates Employed: _____

Employer: _____ Supervisor: _____

Telephone : (____) _____ Dates Employed: _____

VOLUNTEER EXPERIENCE

- Hospital
- Pre-School
- Sport Group
- Other _____
- Student Council
- Church/Parish
- Community Organizations

Comments _____

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 <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE _____ TIME _____
ACCEPTED FOR EMPLOYMENT <input type="checkbox"/>	POSITION _____
APPROVED BY: _____	DATE _____