

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 _____ 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 2022 THE POSITIONS AVAILABLE ARE
BEAUTIFICATION OFFICER AND 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 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 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 _____