



2020 SUMMER EMPLOYMENT APPLICATION

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Address _____

City/Town _____ Postal Code _____

Telephone (home) _____ (cell) _____ Email _____

Date of Birth _____
(year) (month) (day)

In order to be an employee of Goulds Recreation Association, you need a social insurance number. Do you currently have a social insurance number?

☐ Yes ☐ No ☐ In the process of getting one

No one will be hired without a social insurance number

POSITION(S) APPLIED FOR (all positions may not be available; check all you are interested in)

- ☐ Day Camp Head Counselor ☐ Sports Head Counselor ☐ Library/Youth Head Counselor
☐ Kids at Play Counselor ☐ Sports Counselor: _____ Tennis
☐ Day Camp Counselor _____ Softball
_____ Basketball

CERTIFICATIONS

1. Have you ever been employed with Goulds Recreation? ☐ Yes ☐ No
2. Have you ever volunteered with Goulds Recreation? ☐ Yes (what program? _____) ☐ No
3. Do you have **Standard** First Aid? ☐ Yes (expiry date: _____) ☐ No
4. Do you have CPR **LEVEL C**? ☐ Yes (expiry date: _____) ☐ No
5. Do you have **AED** certification? ☐ Yes (expiry date: _____) ☐ No
6. Do you have High Five Principles of Healthy Child Development completed? ☐ Yes ☐ No
7. Please list any other certification you may have that could benefit you working with Goulds Recreation:

EDUCATION

If currently enrolled in High School, what grade level will you complete this year? _____

| Educational Institute | Program of Study | # of years at institute | Anticipated completion date |
|-----------------------|------------------|-------------------------|-----------------------------|
| | | | |
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| | | | |

WORK EXPERIENCE (attach letters of reference from previous employers if available)

| Previous Employer | Date Employed | Position/Responsibilities |
|-------------------|---------------|---------------------------|
| | | |
| | | |
| | | |
| | | |

EXPERIENCE/TRAINING

Indicate any experience working/volunteering or education/training in the following areas:

☐ Children aged 5-12 years

☐ Youth ages 13-16 years

☐ Working with persons with a disability or special needs

☐ Knowledge of Child Development

☐ Behavior management

☐ Supervising/evaluating staff, leadership

☐ Planning and coordinating children's programs

☐ Other relevant experience/training

REFERENCES (Employment related or volunteer work related references are preferred. Do NOT list relatives, friends or current Goulds Recreation Board Members as references).

I hereby authorize Goulds Recreation Association to contact the persons or organizations listed on this application and/or my resume for the purpose of obtaining reference information, including contents of my personnel file. The following individuals are authorized to disclose such information.

| Name of Reference | How do you know this reference? | Contact Information for Reference (home #, work # and email) |
|-------------------|---------------------------------|--|
| | | |
| | | |
| | | |

For employment reference, may we approach: Your present employer? ☐ Yes ☐ No
Your former employers? ☐ Yes ☐ No

CHECK LIST (check each item to ensure it is enclosed with application)

- ☐ Current resume
- ☐ 2020 RNC Certificate of Conduct with Vulnerable Sector Check or dated receipt of application

Attach a photocopy of the following if completed and current:

- ☐ Standard First Aid Certificate
- ☐ CPR (level C) and AED Certificate
- ☐ High Five Certification (Principles of Healthy Child Development and/or High Five Sport)
- ☐ Any other certification

DECLARATION (to be signed by the applicant – read carefully before signing)

I acknowledge that employment and continuing employment are conditional upon observance of the rules, regulations and instructions governing employment by Goulds Recreation Association as in effect at the time of employment, or established at any subsequent time.

I am available for the period of employment indicated in the job description of the positions for which I have applied.

I understand that many positions require physical agility and constant mobility.

It is understood and agreed that the information given on this application is true to the best of my knowledge, and any misrepresentation made by me may be sufficient cause for immediate dismissal.

I understand that only those with their Application AND Resume handed in before the closing date will be considered for an interview and only those granted interviews will be contacted.

Applicant's Signature: _____ **Date (yyyy-mm-dd):** _____

Please send/deliver completed application and resume to one of the following methods (Deadline date is 5:30pm, Fridayum, April 17th, 2020):

PUT ALL APPLICATIONS/RESUMES TO THE ATTENTION OF NICOLE CHAYTOR

- Goulds Recreation, P.O box 40, Goulds, NL, A1S 1G3
- Drop it off to Goulds Rec Centre
- Email to: gouldsrecreation@gmail.com
- Fax to 745-2727