

# 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 \_\_\_\_\_

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**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 2024 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:

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SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**INTERVIEW ☐ YES ☐ NO

DATE \_\_\_\_\_ TIME \_\_\_\_\_

ACCEPTED FOR EMPLOYMENT ☐

POSITION \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_\_