



# Application for Employment Parks

Application deadline: 5pm April 5th, 2019

## PERSONAL

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

SIN: \_\_\_\_\_ Have you worked for us before? : \_\_\_\_\_ If so, when? : \_\_\_\_\_

Have you ever been convicted of an offense? \_\_\_\_\_ If so, give particulars: \_\_\_\_\_

Positions Available:      Mowing Crew      Parks & Recreation      Horticulturist Crew

Positions applying for: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Available Start Date: \_\_\_\_\_ Required finish date: \_\_\_\_\_ Driver's License? : \_\_\_\_\_

Do you require time off for family vacations, clinics, etc.? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please indicate dates: \_\_\_\_\_

## RECREATION BACKGROUND

(List sports, hobbies, special interests, extra-curricular activities, volunteer work, etc.)

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## SKILLS AND QUALIFICATIONS

(List any skills or qualifications you have that would be considered an asset to the position for which you are applying- i.e. First Aid, CPR, courses, awards, certificates, etc.) Please include expiration dates.



**EDUCATION BACKGROUND**

	NAME & LOCATION OF SCHOOL	GRADE/YR COMPLETED	DATE GRADUATED	DEGREE
HIGH SCHOOL				
POST SECONDARY				
OTHER				

Are you currently a student? \_\_\_\_\_ What school do you attend? \_\_\_\_\_

Will you be attending school in September, 2019? \_\_\_\_\_

**EMPLOYMENT HISTORY**

DATES FROM: TO:	NAME & ADDRESS OF EMPLOYER	SUPERVISOR'S NAME & TITLE	TELEPHONE #
DESCRIBE THE WORK YOU DID:			
DATES FROM: TO:	NAME & ADDRESS OF EMPLOYER	SUPERVISOR'S NAME & TITLE	TELEPHONE #

May we contact the above-mentioned employers? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, include which one(s)

you do not wish us to contact. \_\_\_\_\_



**PERSONAL REFERENCES**

Please give the names of three individuals who can supply information pertinent to your job performance (excluding relatives).

NAME AND OCCUPATION	ADDRESS	PHONE #
1.		
2.		
3.		

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby confirm that all of the contents of this application are true and accurate, and I acknowledge that the Town of St. Stephen may verify each particular. I further authorize the release to the Town of St. Stephen of any information verifying the contents of this application, including the release by any relevant police authority of information concerning any record of offenses.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Thank you for completing this application and for your interest in employment with the Town of St. Stephen. Only those applicants receiving interviews will be contacted.

**Please note:** You are strongly encouraged to register with the Summer Employment and Experience Development Program (SEED) for the Province of New Brunswick. Some of our summer positions can only be filled by referrals from this program.

APPLICATIONS MAY BE DROPPED OFF AT THE: TOWN OFFICE,  
E-MAILED TO: [jdow@town.ststephen.nb.ca](mailto:jdow@town.ststephen.nb.ca) or FAXED TO: 466-7701