



Application for Summer Student Employment

Application deadline: 5pm April 7th, 2023

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 Maintenance 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.)

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 2023? _____

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 Municipal District of St. Stephen may verify each particular. I further authorize the release to the Municipal District 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 Municipal District 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: GARCELON CIVIC CENTRE,
E-MAILED TO: jennifer.dow@chocolatetown.ca or FAXED TO: 466-3020