

Application for Summer Employment Parks

Application deadline: 4pm April 4th, 2025

PERSONAL

expiration dates.

| Name: | Address: _ | F | Postal Code: | | |
|----------------------------|----------------------------|---|--|--|--|
| Telephone: | Birthdate: | Email: | | | |
| SIN: Ha | ve you worked for us b | efore? : If so, wh | nen? : | | |
| Have you ever been co | onvicted of an offense? | If so, give partio | culars: | | |
| Positions Available: | Mowing Crew | Parks Maintenance | e Horticulturist Crew | | |
| Positions applying f | or: 1 | 2 | 3 | | |
| Available Start Date: _ | Required fir | nish date: [| Oriver's License? : | | |
| Do you require time of | ff for family vacations, o | clinics, etc.? No | Yes | | |
| If yes, please indicate of | dates: | | <u> </u> | | |
| RECREATION BACKGR | OUND | | | | |
| | | urricular activities, volu | inteer work, etc.) | | |
| | | | | | |
| SKILLS AND QUALIFICA | | would be considered an | a accept to the manition for | | |
| | | would be considered ar urses, awards, certificat | asset to the position for es, etc.) Please include | | |

Fax: 506-466-7701



EDUCATION BACKGROUND

| | NAME & | LOCATION OF SCHOOL | GRADE/YR COMPLETED | DATE GRADUATEI | | EGREE | |
|---|--------|-------------------------------|-----------------------|-------------------|--------|-------|--|
| HIGH SCHOOL | | | | | | | |
| POST SECONDARY | | | | | | | |
| OTHER | | | | | | | |
| Are you currently a student? What school do you attend? | | | | | | | |
| Will you be attending school in September 2025? | | | | | | | |
| EMPLOYMENT HIS | STORY | | | | | | |
| DATES FROM: TO: | | NAME & ADDRESS OF EMPLOYER | SUPERVISOR'S NAME | & TITLE TELE | | ONE# | |
| DESCRIBE THE WORK YOU DID: | | | | | | | |
| DATES FROM: TO: | | NAME & ADDRESS OF EMPLOYER | SUPERVISOR'S NAME | & TITLE | TELEPH | ONE# | |
| May we contact the above-mentioned employers? Yes No If not, include which one(s) | | | | | | | |
| vou do not wish us to contact. | | | | | | | |

PERSONAL REFERENCES

Fax: 506-466-7701



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.

APPLICATIONS MAY BE DROPPED OFF AT THE:

GARCELON CIVIC CENTER

E-MAILED TO: jennifer.dow@chocolatetown.ca OR

FAXED TO: 506-466-7701

Fax: 506-466-7701