

Summer Application Form Get Active Powassan - Instructor

Date: _____

Personal Data: (Please Print Clearly)

Name: _____ Telephone Number: _____

Permanent Address: _____

Email Address: _____

Position applied for: _____

Are you 16 years of age or older? Yes No

Were you previously employed by The Municipality of Powassan ? Yes No

If yes, when? _____

Position held and Department: _____

Have you ever been convicted of a criminal offence for which you have not received a record suspension?
Yes No

Do you possess a valid driver's license? Yes No

Class _____

Do you plan to return to full time studies in September? Yes No

Are you legally entitled to work in Canada? _____

School	Course of Study	Year Completed	Did You Graduate	List Diploma or Degree
High School				
College/University				
Other (Specify)				

Employment (List below, beginning with your most recent/present employment)

Name of Company

Address

Dates worked to from

Position Title

Duties

Name of Company

Address

Dates worked to from

Position Title

Duties

Please indicate any skills/experience and certificates which you feel would contribute to your employment:

Some positions applied for require certification. These certificates must be valid through to the end of the employment season. Please indicate those which you currently possess and their expiry dates.

- CPR _____ Standard First Aid _____ Basic First Aid _____
- High 5 _____ AED _____
- Other _____

Please note if you are selected as a successful candidate for a position, you will be required to obtain a current (within 3 months) criminal record check prior to the start date of employment.

The Corporation of the Municipality of Powassan will request to contact previous employers for the purposes of obtaining validation of experience, qualifications and employment references in relation to your application for employment with the Corporation of the Municipality of Powassan.

The facts set forth above in my application for employment are true and complete. I understand that if employed false statements on this application shall be considered sufficient cause for dismissal.

Signature of Applicant _____

Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to determine eligibility for employment. Questions about this collection of personal information should be directed to the Deputy Clerk, Lesley Marshall – 705-724-2813 ext. 221.

Accommodation will be provided in all parts of the hiring process as required under the Municipality of Powassan's Accessibility Policy.