

VILLAGE OF WARFIELD APPLICATION FOR SUMMER EMPLOYMENT

1) **Please complete the following Employment Application with an Updated Resume.**

2) Return by **MAIL** or **IN PERSON** to: Village of Warfield
555 Schofield Highway
Trail, B. C. V1R 2G7

By **FAX:** (250) 368-9354

PLEASE PRINT:

PERSONAL INFORMATION

LAST NAME:			GIVEN NAMES:		
ADDRESS:			CITY:	POSTAL CODE:	
PHONE NUMBERS:	HOME:	CELL:	EMAIL ADDRESS:		
BIRTHDATE: (YEAR/MONTH/DAY)			SOCIAL INSURANCE NUMBER:		

Valid BC Drivers License: Yes No Driver's Class: 1 2 3 4 5 6 7

Have you worked for the Village of Warfield previously? Yes No

If Yes, When? _____ What was your position? _____

EDUCATION

Education / Training	Name	Grade Level/ Degree/Diploma	Date Completed
Secondary High School			
Trade &/or Technical			
University / College			
Other			

Are you returning to school in the Fall? YES NO If Yes, where? _____

EMPLOYMENT HISTORY

EMPLOYER'S NAME & ADDRESS:		PHONE NUMBER:	YOUR POSITION:
DATES WORKED:		REASON FOR LEAVING:	
EMPLOYER'S NAME & ADDRESS:		PHONE NUMBER:	YOUR POSITION:
DATES WORKED:		REASON FOR LEAVING:	
EMPLOYER'S NAME & ADDRESS:		PHONE NUMBER:	YOUR POSITION:
DATES WORKED:		REASON FOR LEAVING:	

POSITIONS AVAILABLE

POOL: <input type="checkbox"/> Head Guard / Manager <input type="checkbox"/> Senior Guard / Instructor <input type="checkbox"/> Junior Guard / Instructor <input type="checkbox"/> Pool Cashier <input type="checkbox"/> Slide Attendant	PARKS: <input type="checkbox"/> Park Maintenance <input type="checkbox"/> Playground Leader
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Date Available for Work:

QUALIFICATIONS

(Please provide "Photocopies" of all your Qualifications)

POOL:	EXPIRY DATE		EXPIRY DATE
<input type="checkbox"/> National Lifeguard Certificate		<input type="checkbox"/> Pool Operators Certification I	
<input type="checkbox"/> Lifesaving Instructor Certificate		<input type="checkbox"/> Pool Operators Certification II	
<input type="checkbox"/> Water Safety Instructor Certificate			
<input type="checkbox"/> Red Cross Aqua Leader		FIRST AID:	
<input type="checkbox"/> Bronze Star		<input type="checkbox"/> Standard First Aid	
<input type="checkbox"/> Bronze Medallion		<input type="checkbox"/> Aquatic Emergency Care (AEC)	
<input type="checkbox"/> Bronze Cross		<input type="checkbox"/> Occupational First Aid	
		<input type="checkbox"/> CPR "C" Level	
		<input type="checkbox"/> Other: _____	

OTHER TICKETS / LICENSES / CERTIFICATES

<input type="checkbox"/> WHMIS Certificate		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Food Safe Certificate		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Flagging Certificate		<input type="checkbox"/> Other: _____	

Criminal Record Check Form *(is required if a successful candidate, and will be working with children)* has been completed and attached YES NO

REFERENCES

NAME	ADDRESS	PHONE	# of YEARS KNOWN
1)			
2)			
3)			

It is understood that any misrepresentation by me in this application will be sufficient cause for cancellation of application and/or employment.

Applicant's Signature: _____ Date: _____

Interviewed at _____ a.m. / p.m. on _____, 20 _____

by _____