

**THE COMMUNITY SERVICES DEPARTMENT  
APPLICATION FOR SUMMER EMPLOYMENT**

The information collected in this application for employment is done under the authority of Section 29(2) of the Municipal Freedom on Information and Protection of Privacy Act, for the purpose of assessing eligibility for employment. Any inquiries concerning the collection and use of this information should be referred to:  
Clerk, Township of Manitouwadge, 1 Mississauga Drive, MANITOUWADGE, ON P0T 2C0 (807) 826-3227.

Please check (√) which position(s) you are applying for:

**Deadline to apply for all positions is May 21st, 2021 at 2:00pm**

Pool Supervisor

Pool Lifeguard/Instructor

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PH. #: \_\_\_\_\_ **Must have a Social Insurance Number if hired.**

DATE AVAILABLE TO START WORK: \_\_\_\_\_

**Only those considered for employment will be required to provide a Criminal Background Check at their own expense.**

**GRANT QUALIFICATION**

- Are you a resident of Ontario, legally eligible to work in Ontario, and possess a valid Social Insurance Number? **Yes**  **No**
- Will you be between the ages of 15 - 24, or up to 29 if disabled as defined in the Human Rights Code, on the first day of work? **Yes**  **No**
- Do you certify that you do not have another full-time (≥ 30 hours per week) summer job and that you will not be attending full-time classes while carrying out this job? **Yes**  **No**
- Were you registered as a full-time student in a secondary, post-secondary, CEGEP, vocational or technical program during the preceding academic year, and do you intend to return to school on a full-time basis during the next academic year? **Yes**  **No**

**EDUCATION RECORD**

LEVEL OF EDUCATION	HIGHEST GRADE COMPLETED	LENGTH OF COURSE	MAJOR SUBJECT	DIPLOMA/DEGREE AWARDED
SECONDARY SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
BUSINESS, TRADE OR TECHNICAL SCHOOL				YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
COMMUNITY COLLEGE				YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:
UNIVERSITY				YES <input type="checkbox"/> NO <input type="checkbox"/> TITLE:

**VALID LICENCES/CERTIFICATES**

Driver's Licence  Class \_\_\_\_\_ First Aid  Year Certified \_\_\_\_\_

WHMIS  Year Certified \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Additional courses, workshops, seminars and volunteer experience:**

\_\_\_\_\_

\_\_\_\_\_

**Description of work related skills/training that is related to the position(s) you are applying for:**

\_\_\_\_\_

\_\_\_\_\_

<b>EMPLOYMENT RECORD (MOST RECENT EMPLOYER FIRST)</b>			
COMPANY NAME	EMPLOYED FROM: TO:	PRESENT/LAST SALARY \$	PRESENT/LAST JOB TITLE
ADDRESS	TYPE OF BUSINESS		DUTIES/RESPONSIBILITIES
REASON FOR LEAVING	SUPERVISOR		
COMPANY NAME	EMPLOYED FROM: TO:	PRESENT/LAST SALARY \$	PRESENT/LAST JOB TITLE
ADDRESS	TYPE OF BUSINESS		DUTIES/RESPONSIBILITIES
REASON FOR LEAVING	SUPERVISOR		
COMPANY NAME	EMPLOYED FROM: TO:	PRESENT/LAST SALARY \$	PRESENT/LAST JOB TITLE
ADDRESS	TYPE OF BUSINESS		DUTIES/RESPONSIBILITIES
REASON FOR LEAVING	SUPERVISOR		

**Have you been an employee or volunteer for the Community Services Department before:**

Yes  No **Explain:**

\_\_\_\_\_

\_\_\_\_\_

<b>REFERENCES:</b>		
NAME	ADDRESS	TELEPHONE
OCCUPATION		
NAME	ADDRESS	TELEPHONE
OCCUPATION		

By signing below, I hereby authorize the Township of Manitowadge to contact the person(s) or organizations listed above for the purpose of obtaining reference information including information contained in my personnel file and such person(s) are authorized to disclose such information. This authorization is in compliance with Subsection 32(b) of the Municipal Freedom of Information and Protection of Privacy.

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that a false statement may disqualify me from employment, or cause my dismissal.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_