

CITY OF ROSSLAND

APPLICATION FOR SUMMER EMPLOYMENT

- 1) **Please complete the following Employment Application with an Updated Resume.**
 2) Return to 2196 Leroi Avenue, Rossland BC, V0G 1Y0 or recreation.manager@rossland.ca

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 City of Rossland previously? Yes No

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

EDUCATION

Education / Training	Name	Grade Level/ Degree/Diplom	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:**
 Select one
- Pool Manager
 - Senior Lifeguard / Swim Instructor
 - Junior Lifeguard / Swim Instructor
 - Pool Cashier

Rossland Pool is open beginning of June to end of August. Staff are expected to be available starting mid May for training and available until closing day.

Date Available for Work: _____

QUALIFICATIONS

(Please provide copies of all your Qualifications)

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POOL:	EXPIRY DATE	FIRST AID:	EXPIRY DATE
<input type="checkbox"/> National Lifeguard Certificate		<input type="checkbox"/> Standard First Aid	
<input type="checkbox"/> Lifesaving Instructor Certificate		<input type="checkbox"/> Aquatic Emergency Care (AEC)	
<input type="checkbox"/> Water Safety Instructor Certificate		<input type="checkbox"/> Occupational First Aid	
<input type="checkbox"/> Pool Operators Level 1		<input type="checkbox"/> CPR "C" Level	
<input type="checkbox"/> Aquatic Fitness Instructor		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

OTHER TICKETS / LICENSES / CERTIFICATES

<input type="checkbox"/> WHMIS Certificate		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> High Five PHCD		<input type="checkbox"/> _____	

Criminal Record Check Form (must be completed prior to employment) YES NO

REFERENCES

NAME	EMAIL / PHONE	RELATION	# 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:** _____