

CITY OF ROSSLAND

APPLICATION FOR FALL/WINTER EMPLOYMENT

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

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

- FIELD / INDOOR:**
- Soccer Program Leader
 - TBall Program Leader
 - Indoor Playground Leader

- ICE:**
- Rec Hockey Program Leader
 - Public Skate Attendant

QUALIFICATIONS

(Please provide copies of all your Qualifications)

	EXPIRY DATE
<input type="checkbox"/> Standard First Aid	
<input type="checkbox"/> CPR "C" Level	
<input type="checkbox"/> High Five: Principles of Healthy Child Development	
<input type="checkbox"/> NCCP:	
<input type="checkbox"/>	
<input type="checkbox"/>	

OTHER TICKETS / LICENSES / CERTIFICATES

<input type="checkbox"/> WHMIS Certificate	
<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:** _____