

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@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:**
- Senior Guard / Instructor
 - Junior Guard / Instructor
 - Pool Cashier

Rossland Pool is open June 3 to August 25. 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"/>		<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:** _____