



THE TOWNSHIP OF EAR FALLS

STUDENT EMPLOYMENT APPLICATION

NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE NO.: _____

DATE OF BIRTH: _____

(You must be 15 years of age at the time of employment.)

In accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, the information gathered is collected pursuant to the *Municipal Act* and will be used for the purpose of job selection.

WHAT POSITION ARE YOU APPLYING FOR? CHECK ALL THAT YOU ARE INTERESTED IN.

JOB TITLE	CHECK
Parks Maintenance / Golf Course Maintenance Attendant (4)	<input type="checkbox"/>
Recreation and Culture Programmer (2)	<input type="checkbox"/>
Water / Wastewater Technician (1)	<input type="checkbox"/>

EDUCATION

ELEMENTARY _____ LEVEL COMPLETED _____

HIGH SCHOOL _____ LEVEL COMPLETED _____

COLLEGE/UNIVERSITY _____

EMPLOYMENT RECORD

1. Employer _____

From: _____ To: _____

Supervisor: _____ Phone No.: _____

Duties / Responsibilities: _____

Reason for Leaving: _____

2. Employer _____
From: _____ To: _____
Supervisor: _____ Phone No.: _____
Duties / Responsibilities: _____
Reason for Leaving: _____

3. Employer _____
From: _____ To: _____
Supervisor: _____ Phone No.: _____
Duties / Responsibilities: _____
Reason for Leaving: _____

REFERENCES

1. _____

2. _____

3. _____

COMMENTS

Please provide additional information you feel may be related to the job you are applying for. Please identify any time-off that you will be requesting. Time-off requests not identified below may not be provided.

DECLARATION

The information provided in this Application is true and correct. I understand that any false statements may VOID this Application and may result in dismissal if I am already hired. I also consent to a representative of the Township of Ear Falls contacting the above noted employers to provide references.

Date

Signature