



**TOWN OF ESSEX – RECREATION AND CULTURE (Aquatics/Programs/Events)
APPLICATION FOR EMPLOYMENT**

APPLICANT INFORMATION

| | | | |
|--|--|---|--------------|
| Last Name: | | First Name: | |
| Address: | | City: | Postal Code: |
| Email: | | Phone #: | Alternate #: |
| Position Applying for: <input type="checkbox"/> Aquatics <input type="checkbox"/> Programs/Events | | | |
| What date are you available to begin working? | | Will you be 16 years old by date of availability? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you attending school, college or university on a full-time basis: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you intend to return to school, college or university on a full-time basis: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

EDUCATION

| | | | |
|------------|----------------|-------|-----|
| 1. School: | Grade/Program: | From: | To: |
| 2. School: | Grade/Program: | From: | To: |

EMPLOYMENT EXPERIENCE

| | | | |
|--|-----|---------------------|--|
| 1. Company: | | Phone#: | |
| Responsibilities: | | | |
| From: | To: | Reason for Leaving: | |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor: | |
| 2. Company: | | Phone#: | |
| Responsibilities: | | | |
| From: | To: | Reason for Leaving: | |
| May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor: | |

VOLUNTEER EXPERIENCE

| | | | |
|--|-----|---------------------|--|
| 1. Agency: | | Phone#: | |
| Responsibilities: | | | |
| From: | To: | Reason for Leaving: | |
| May we contact this agency for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor: | |
| 2. Agency: | | Phone#: | |
| Responsibilities: | | | |
| From: | To: | Reason for Leaving: | |
| May we contact this agency for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Supervisor: | |



APPLICATION FOR EMPLOYMENT

SKILLS AND QUALIFICATIONS

The following qualifications are required for employment with Recreation Services of the Town of Essex. Please indicate if you currently hold the award or are registered for a course. If applicable, indicate your **Lifesaving Society ID #**:

| | | | |
|-----------|---|------------------------------------|---|
| ALL STAFF | Standard First Aid & CPR C | Certified <input type="checkbox"/> | Registered for course: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ALL STAFF | Automated External Defibrillation | Certified <input type="checkbox"/> | Registered for course: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ALL STAFF | High Five – Principles of Healthy Child Development | Certified <input type="checkbox"/> | Registered for course: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| AQUATIC | National Lifeguard Service | Certified <input type="checkbox"/> | Registered for course: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| AQUATIC | Lifesaving Society Instructor & Swim Instructor | Certified <input type="checkbox"/> | Registered for course: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Are there any other qualifications that you hold that are relevant to working in aquatics, programs or special events?

Other:

Other:

Other:

Please explain the skills and experience that would make you an asset to the Town of Essex Community Services Department:

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Are there any specific classes or types of programs that you would prefer (example. leadership, fitness, sports, preschool)?

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AVAILABILITY

Maximum Shifts per Week:

| | | | |
|-----------------------------------|-----------|---------|-----------|
| Hours of Availability (each day): | Sunday: | Monday: | Tuesday: |
| Wednesday: | Thursday: | Friday: | Saturday: |

DISCLAIMER AND SIGNATURE

I certify that all of the statements made by me on this application are true, and with the knowledge and understanding that if it is found that I have falsified this application, such will constitute full and sufficient eradication of this application.

Signature: _____ Date: _____

