



TOWN OF PICTOU ~ RECREATION & PARKS
 PO Box 640, 40 Water Street, Pictou, NS B0K 1H0
 Phone: (902)485-4372 Email: info@townofpictou.ca
DEADLINE FOR APPLICATIONS
Monday, April 22, 2019 at 4:30 PM

APPLICATION FOR EMPLOYMENT

Please print clearly and answer all questions.

Name _____
 Last Name First Name Initial

Address _____
 Civic Number PO Box Number and/or Rural Route #

 City/County Province Postal Code

Contact Information _____
 _____ Home Phone
 _____ E-mail
 _____ Cell Phone

POSITIONS APPLYING FOR (If applying for more than one position, please number in order of preference):

____ Recreation Intern ____ Day Camp Leader ____ Park Maintenance Assistant
 ____ Beautification and General Labourer

Date Available for Fulltime work (be specific): _____

Have you ever been convicted of an offense? If so, give particulars _____

Are you currently enrolled in high school or a post-secondary educational program as a full-time student? Yes No

Are you intending to return to high school or a post-secondary educational program as a full-time student in the fall?

Yes No

(Some of the positions are dependent on funding approval).

SKILLS AND QUALIFICATIONS

List any applicable skills or qualifications for the position(s) for which you are applying:

RECREATION BACKGROUND or COMMUNITY EDUCATION BACKGROUND

List sports, hobbies, special interests, extra curricular activities, volunteer work, etc.

EDUCATION BACKGROUND

	NAME / LOCATION OF SCHOOL	GRADE/YEAR COMPLETED or DATE GRADUATED	DEGREE
HIGH SCHOOL			
POST SECONDARY			
OTHER			

WORK AND/OR SIGNIFICANT VOLUNTEER HISTORY (Begin with most recent experience)

DATES FROM: TO:	NAME OF EMPLOYER/ ORGANIZATION	SUPERVISOR'S NAME & TITLE	TELEPHONE #
DESCRIBE THE WORK YOU DID:			
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DESCRIBE THE WORK YOU DID:			
DATES FROM: TO:	NAME OF EMPLOYER/ ORGANIZATION	SUPERVISOR'S NAME & TITLE	TELEPHONE #
DESCRIBE THE WORK YOU DID:			

May we contact the above mentioned employers/organizations? Yes No

If not, include which one(s) you do not wish us to contact _____

Do you have WHMIS Training? Yes No Do you have Emergency First Aid & CPR? Yes No

If yes, please include a copy of certification(s).

PERSONAL REFERENCES

Give the names of 3 individuals who can refer to your studies, employment or volunteer work (excluding relatives).

NAME & OCCUPATION	RELATIONSHIP TO YOU	PHONE #
1.		
2.		
3.		

I hereby confirm that all of the contents of this application are true and accurate, and I acknowledge that the Town of Pictou may verify each particular. I further authorize the release to the Town of Pictou of any information verifying the contents of this application, including the release by any relevant police authority of information concerning any record of offenses.

Feel free to attach a resume or other pertinent information to this application.

Signature of Applicant: _____ Date: _____