

Municipality of the District of Shelburne
Recreation & Parks Department
Application for Employment

Name: _____

Date available for work: _____

Civic Address: _____

Mailing Address
(if different) _____

Telephone: _____ cell: _____

Social Insurance Number: _____

Date of Birth: _____

Are you a resident of NS? yes no

Do you have a valid driver's license? yes no

Language(s) spoken: _____

Language(s) written: _____

Skills (check all applicable categories & give some details):

crafts _____

sports _____

music _____

theatre _____

dance _____

art _____

other _____

Training/certifications: (please specify any training which you have taken with regards to the skill categories listed above)

References: (name 2 people who know you & your capabilities & to whom we may refer in confidence)

1. Name: _____ Occupation: _____ Phone #: _____

2. Name: _____ Occupation: _____ Phone #: _____

Work Experience: (begin with present or last position, include temporary & summer employment. If space is inadequate, please use separate sheet or attach resume)

Name & Address of Employer: _____

Position: _____

From month/year _____ to month/year _____

Salary/wage _____ Reason for leaving: _____

Name & Address of Employer: _____

Position: _____

From month/year _____ to month/year _____

Salary/wage _____ Reason for leaving: _____

Education: Current grade or year of study _____

Highest grade completed ___ year completed ___

Business or Community College _____

Field of study _____

University _____

Field of study _____

I CERTIFY THAT THE FOREGOING STATEMENTS ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of applicant

Date