



## APPLICATION FOR SUMMER EMPLOYMENT

Grand Falls-Windsor Parks & Recreation Department  
P.O. Box 439, Grand Falls-Windsor, NL A2A2J8

**For Office Use Only:**

**Date Received:** \_\_\_\_\_ **Attachments:**  Yes  No

**Initial:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

|                       |                 |                    |
|-----------------------|-----------------|--------------------|
|                       | <b>Last</b>     | <b>First</b>       |
| <b>ADDRESS:</b> _____ |                 |                    |
|                       | <b>No.</b>      | <b>Street</b>      |
| _____                 |                 |                    |
| <b>Town</b>           | <b>Province</b> | <b>Postal Code</b> |

**DATE OF BIRTH:** \_\_\_/\_\_\_/\_\_\_ **TELEPHONE:** \_\_\_\_\_  
D/M/Y

**SOCIAL INSURANCE NUMBER:** ( \_\_\_ \_\_\_ \_\_\_ ) ( \_\_\_ \_\_\_ \_\_\_ ) ( \_\_\_ \_\_\_ \_\_\_ )

**NOTE: If you do not have a Social Insurance Number, please apply for one IMMEDIATELY. Applications are available at the Post Office.**

**POSITION APPLIED FOR:**

**1st Choice:** \_\_\_\_\_

**2nd Choice:** \_\_\_\_\_

**3rd Choice:** \_\_\_\_\_

**(Applicants are eligible for all positions but will be given preference for their top three choices.)**

**POSITIONS AVAILABLE:**

**Ball Hockey Instructor**  
**Softball Instructor**  
**Volleyball Instructor**  
**Summer Camp Instructor/Lifeguard**  
**Integration Instructor**  
**Special Events Coordinator**

**Tennis Instructor**  
**Basketball Instructor**  
**Summer Camp Instructor**  
**Office Assistant**  
**Sports Coordinator**  
**Maintenance Worker**

**NOTE: All applicants must have attended a post-secondary institution full-time this past year, and planning to attend a post-secondary institution in the fall semester.**

**GENERAL INFORMATION**

Are you readily available for an interview during May of this year? Yes No

If no, please indicate dates and times available.

Start date you are available for work \_\_\_\_\_

Last day you can work before returning to school \_\_\_\_\_

Do you have a driver's license? Yes No

If yes, Class 04\_\_\_\_ Class 05\_\_\_\_

Do you have access to a vehicle? Yes No

If yes, Full-time\_\_\_\_ Part-time\_\_\_\_

**EDUCATION**

**HIGH SCHOOL:** Please indicate highest grade completed

\_\_\_\_Grade \_\_\_\_\_Date/Year Completed

\_\_\_\_School

|                        |                            |
|------------------------|----------------------------|
| Post -Secondary: _____ | Institution                |
| _____                  | Program                    |
| _____                  | Dates Attended             |
| _____                  | Certificates/Diploma       |
| _____                  | Years of Program Completed |

Did you attend a post-secondary institution this past year from September to April?

Yes No

Institution \_\_\_\_\_

Dates attended \_\_\_\_\_

Are you planning to attend a post-secondary institution in September of this year?

Yes No

Program of Study \_\_\_\_\_

Institution \_\_\_\_\_

**VOLUNTEER EXPERIENCE**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Parks & Recreation Dept. | <input type="checkbox"/> Pre-school       | <input type="checkbox"/> Student Council        |
| <input type="checkbox"/> Hospital                 | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Boy Scouts/Cubs        |
| <input type="checkbox"/> Girl Guides/Brownies     | <input type="checkbox"/> Sports           | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Church/Parish            | <input type="checkbox"/> YMCA             | <input type="checkbox"/> Other                  |

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

**QUALIFICATIONS**

Do you have a valid First Aid Certificate?  Yes  No If yes, give details below.

Type of valid First Aid Certificate \_\_\_ Red Cross \_\_\_ St. John Ambulance

**\*\*PLEASE ATTACH COPIES OF CERTIFICATES/AWARDS**

Standard First Aid \_\_\_\_\_ Expiry Date \_\_\_\_\_

Emergency First Aid \_\_\_\_\_ Expiry Date \_\_\_\_\_

CPR \_\_\_\_\_ Expiry Date \_\_\_\_\_

Basic Cardiac Life Support \_\_\_\_\_ Expiry Date \_\_\_\_\_

Bronze Medallion \_\_\_\_\_ Date Awarded \_\_\_\_\_

Bronze Cross \_\_\_\_\_ Date Awarded \_\_\_\_\_

NLS \_\_\_\_\_ Date Awarded \_\_\_\_\_

Other \_\_\_\_\_ Date Awarded \_\_\_\_\_

**Note: All staff must have a valid First Aid Certificate during period of employment.**

**National Coaching Certification Program (NCCP)**

Theory Level 1 \_\_\_\_\_ Date Completed \_\_\_\_\_

Theory Level 11 \_\_\_\_\_ Date Completed \_\_\_\_\_

**NCCP Technical Coaches Courses:**

| Sport | Level | Date Completed |
|-------|-------|----------------|
| _____ | _____ | _____          |
| _____ | _____ | _____          |
| _____ | _____ | _____          |

**Other Certificates:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Do you have a current Code of Conduct?  Yes  No  Attached

### RECREATION/LEISURE ACTIVITIES & SKILLS

Please indicate if you have any skills or experience in the following areas. Attach copies of certificates where applicable.

- |  |  |                                      |  |
|--|--|--------------------------------------|--|
| <input type="checkbox"/> Drama/dance     | <input type="checkbox"/> Drawing/sketching | <input type="checkbox"/> Swimming    | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Sewing/knitting | <input type="checkbox"/> Integration       | <input type="checkbox"/> Soccer      | <input type="checkbox"/> Day Care      |
| <input type="checkbox"/> Puppetry        | <input type="checkbox"/> Softball          | <input type="checkbox"/> Music       | <input type="checkbox"/> Basketball    |
| <input type="checkbox"/> Volleyball      | <input type="checkbox"/> Story Telling     | <input type="checkbox"/> Ball Hockey | <input type="checkbox"/> Other         |

### EMPLOYMENT HISTORY

1. Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

2. Telephone \_\_\_\_\_ Date Employed \_\_\_\_\_  
From To

1. Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

2. Telephone \_\_\_\_\_ Date Employed \_\_\_\_\_  
From To

1. Employer \_\_\_\_\_ Supervisor \_\_\_\_\_

2. Telephone \_\_\_\_\_ Date Employed \_\_\_\_\_  
From To

**REFERENCES** List two persons other than relatives who are in a position to judge your work ability, whom we may contact for reference.

| Name  | Occupation | Telephone |
|-------|------------|-----------|
| _____ | _____      | _____     |
| _____ | _____      | _____     |
| _____ | _____      | _____     |

If there are any other items you feel are pertinent to the position you are applying for, please indicate in the space below. (Additional information may be enclosed as well as a personal resume`.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** The number of positions and length of employment are pending funding.

**TOWN OF GRAND FALLS-WINDSOR PARKS & RECREATION DEPARTMENT STUDENT  
SUMMER JOBS**

The Town of Grand Falls-Windsor Parks & Recreation Department is now accepting applications for student summer employment. Most positions will commence in mid June and finish late August.

**ELIGIBILITY REQUIREMENTS:**

1. Students must have attended a post secondary institution as a full-time student two full terms prior to employment. Consideration will be given to secondary students with Grade 12 if there are fewer post-secondary student applications received.
2. Students must have attended a post secondary institution the semester following employment.
3. Students must have a permanent residence in Grand Falls-Windsor.
4. Students of the immediate family of an elected or senior official of the Town of Grand Falls-Windsor are not eligible for employment.
5. Students MUST have a valid First Aid Certificate from the period June 23- August 22.
6. Coordinators should be senior post secondary students with experience.
7. Must have a valid driver's license.
8. Upon employment students are responsible for providing a current Code of Conduct.

**TERMS OF EMPLOYMENT:**

- Hours of work-40 hours per week
- Extra hours will be required to work several Special Events including Canada Day, Salmon Festival, Slo-Pitch Tournaments and Central NL. Summer Games & other community events.
- Time off will be taken in lieu of overtime.
- Due to financial constraints orientation will be volunteered by students.
- First Aid Certificates must be obtained before starting employment.
- All employees must dress in Town uniform in a neat and presentable manner.
- All employees will be responsible for maintenance & cleanup whenever necessary.
- All employees must complete daily work reports.
- The Parks & Recreation may have the authority to dismiss any employee not adhering to the Terms of Employment.

I have read the preceding application and agree to the Terms of Employment and state that all information contained is accurate.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Deadline for applications: May 17, 2012

Return completed application to:

Parks & Recreation Dept.  
2 Jones Street  
P.O. Box 439  
Grand Falls-Windsor, NL  
A2A 2J8

We thank all students who apply; however, applications will not be given written acknowledgment and not all students will receive interviews.