

Application for Part-time Employment

Department of Leisure Services - Aquatics

SECTION I APPLICANT INFORMATION

Name:				LSS ID #:		RC ID#:		
Address:				Preferred Phone Number:				
City:		Postal Code:		Email Address:				
Day(s) & time(s) available to work: (Please check all appropriate boxes)	Early AM 5:30-8am	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Daytime 8am-4pm							
	Afternoon 4-8pm							
	Evenings 8-10:30pm							

SECTION II QUESTIONNAIRE

Yes No Are you legally eligible to work in Canada and hold a valid Social Insurance Number?

Yes No Will you be the age of 15 or older prior to commencement of employment with the Town?

Yes No Are you presently employed in any other position by the Town of BWG? If you answered yes, please state your position and location: _____

Yes No Do you have any family members currently working for the town of Bradford West Gwillimbury or as a member of Council?
If you answered yes, please indicate who the individual is and their relation to you: _____

Will you agree to submit one when requested? (Please note, all costs associated with this requirement are the responsibly of the applicant).

Yes No This position requires that the applicant maintain a standard level of physical fitness and work only when fit to do so. Are you able to fill this requirement?

SECTION III POSTION & QUALIFICATIONS

Complete one application form for all Aquatic Positions of interest. Resumes must be included when applying.

Aquatic Attendant/Assistant Instructor Age 15 or older				Lifeguard/Swim Instructor Age 16 or older			
Certification	Date of Cert.	Certification	Date of Cert.	Certification	Date of Cert.	Certification	Date of Cert.
Bronze Cross		Standard First Aid		Bronze Cross		Standard First Aid	
Water Safety Instructor				National Lifeguard		Water Safety Instructor	
				Emergency First Aid Inst.		Lifesaving Instructor	
Additional Qualifications							
Bronze Examiner		See Auditor		Coach Level 1		WSIT	
First Aid Examiner		AST		Competitive Swim Coach		LSIT	

All personal information on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and Municipal Act, 2001 and will be used for recruitment purposes only. Questions regarding this collection may be directed to the Human Resources Coordinator, 905-775-5366 x1604 or hr@townofbwg.com.

SECTION IV SIGN OFF

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name may be removed from consideration, or any potential or actual employment with the Town of Bradford West Gwillimbury may be terminated.

Candidate (printed name): _____ Signature: _____ Date: _____

Please bring this completed form to the wet screening



Permission to Check References

A component of this recruitment process requires the Town of Bradford West Gwillimbury to conduct references on finalist candidates. We have a strong preference for references from your **immediate supervisor in your current or immediate past positions, who can speak knowledgeably to your performance on the job.** We also wish to speak with a colleague (peer), or a subordinate with whom you've had frequent dealings. Please complete the requested information below. Please be advised that the answers you provide during your interview will be verified when we contact the references you have provided below.

Reference No. 1

Name:	Title:
Organization:	
Working Relationship:	
Phone number:	Email address:
Other Comments / info:	

Reference No. 2

Name:	Title:
Organization:	
Working Relationship:	
Phone number:	Email address:
Other Comments / info:	

Reference No. 3

Name:	Title:
Organization:	
Working Relationship:	
Phone number:	Email address:
Other Comments / info:	

Reference No. 4

Name:	Title:
Organization:	
Working Relationship:	
Phone number:	Email address:
Other Comments / info:	

Signoff

Your signature on this form will indicate your permission for us to contact your reference(s); **however, please be assured we will contact you first for confirmation to proceed.**

Candidate (printed name):	Signature:	Date:
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Please bring this completed form to the wet screening