



Application for Part-time Employment

Department of Leisure Services

SECTION I – APPLICANT INFORMATION

Name:		Home Phone Number:
Address:		Cell Phone Number:
City:	Postal Code:	Email Address:

Resumes must be included when applying.

Position(s) applying for:

Season applying for: Fall/Winter/Spring Summer

Day & time available to work: (Please check the appropriate box(es).)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 16 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:

Yes No Do you have a current Standard First Aid Certificate? If yes, **EXP. Date:** _____
Please attach copy.

Yes No As a condition of employment you will be required to submit a Vulnerable Sectors Screening/Criminal Record Check, will you agree to submit one when requested? (Please note, all costs associated with this requirement is the responsibility of the applicant)

SECTION III – EDUCATION

Highest level of education completed:

SECTION IV – SIGNOFF

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 be removed from consideration, or any potential or actual employment with the Town of Bradford West Gwillimbury be terminated.

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.

Candidate (printed name):	Signature:	Date:
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Please submit all completed applications and resumes to Human Resources
E-mail hr@townofbwg.com, Fax: 905 775-8633
Or in person at 100 Dissette St, Unit 7, Bradford, Ontario L3Z 2A7
More information online at: www.townofbwg.com