

## **Application for Part-time Employment**

**Department of Leisure Services - Aquatics** 

| SECTION I - A   |  | OPMATION                               |                     |                       |  |                         |  |               |  |
|---|--|--|---------------------|-----------------------|--|-------------------------|--|---------------|--|
| SECTION I – APPLICANT INFORMATION  Name:  |  |  |                     |                       |  | LSS ID #:               |  |               |  |
| Address:  |  |  |                     |                       |  | Preferred Phone Number: |  |               |  |
| City: P   |  |  | ostal Code:         |                       |  | Email Address:          |  |               |  |
|   |  |  |                     | <del></del>           |  |                         |  |               |  |
| Day(s) & time(s) available to work: (Please check all appropriate boxes)  | Early AM<br>5:30-8 am<br>Daytime<br>8am-4pm<br>Afternoon<br>4-8pm<br>Evenings<br>8-10:30pm | Monday                                 | Tuesday W           | /ednesday             | Thursd                                     | ay Frida                | y Saturday                                   | Sunday        |  |
| SECTION II – QUESTIONNAIRE  |  |  |                     |                       |  |                         |  |               |  |
| Yes No No Are you legally eligible to work in Canada and hold a valid Social Insurance Number?  Yes No No No Will you be the age of 15 or older prior to commencement of employment with the Town?  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 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:  As a condition of employment you will be required to submit a Vulnerable Sector Screening. Will you agree to submit one when requested? (Please note, all costs associated with this requirement are the responsibly of the applicant). |  |  |                     |                       |  |                         |  |               |  |
| SECTION III - I   | POSTION & QU   | ALIFICATIONS                           |                     |                       |  |                         |  |               |  |
|   |  |  | uatic Positions     | of interest. F        | Resume                                     | s must be inc           | luded when apply                             | ng.           |  |
| Aquatic Attendant Age 15 or older   |  | Assistant Instructor Age 15 or older   |                     |                       | Lifeguard/Swim Instructor  Age 16 or older |                         |  |               |  |
| Certification   | Date of cert.  | Certification                          | Date of cert.       | Certificat            | ion  | Date of cert.           | Certification                                | Date of cert. |  |
| Bronze  |  | Bronze                                 |                     | Standard              |  |                         | Bronze                                       |               |  |
| Cross   |  | Cross                                  |                     | First Aid             |  |                         | Cross  |               |  |
| Standard<br>First Aid   |  | Standard<br>First Aid                  |                     | National<br>Lifeguard | ı  |                         | LSS Swim<br>Instructor                       |               |  |
|   |  | LSS Swim Instructor                    |                     |                       | ļ  |                         | Lifesaving Swim<br>Instructor                |               |  |
|   |  | Lifesaving Swim<br>Instructor          |                     |                       |  |                         | Emergency First Aid Instructor               |               |  |
| Additional Qualifications   |  |  |                     |                       |  |                         |  |               |  |
| Synchro<br>Coach  |  | Coach<br>Level 1                       |                     | Competition Swim Coac |  |                         | Bronze<br>Examiner                           |               |  |
| Advanced<br>Instructor  |  | Coach<br>Level 2                       |                     | AST                   |  |                         |  |               |  |
|   |  | oal Freedom of In<br>Act and will only |                     |                       |  | Act, personal           | information is colle                         | cted under    |  |
| investigation disc  | nswers and state<br>close untruthful o   |  | ers, my application | on may be reje        | ected, my                                  | name may be             | edge. I understand the removed from consider |               |  |
| Candidate (printed name):   |  |  | Signature:          |                       |  | Date:                   |  |               |  |
| Please bring  | g completed En   | nployment Appl                         | cation, Cover L     | etter and Re          | esume a                                    | nd all qualific         | ations to the Wet                            | Screening.    |  |
|   |  |  |                     |                       |  |                         |  |               |  |

More information online at <a href="https://www.townofbwg.com/careers">https://www.townofbwg.com/careers</a>