

The Corporation of the Town of Cochrane
2019 APPLICATION FOR STUDENT EMPLOYMENT

Position being applied for:	<u>Initial</u>		<u>Initial</u>
1. Recreation Department	_____	9. Cochrane Child Care Centres	_____
2. Waterfront/Pool	_____	10. Cochrane Public Library	_____
3. Summer Youth Camps	_____	11. Protective Services	_____
4. Public Works Department	_____	12. Cochrane Telecom Services (CTS) Office	_____
5. Water/Sewer Department	_____	13. CTS Telephone Department	_____
6. Engineering Department	_____	14. Economic Development	_____
7. Town Hall Administration	_____		
8. Polar Bear Habitat and Heritage Village	_____		

WINTER - ICE PATROL

*** Availability of positions depends on approval of funding.**

****Please *initial each position* for which you would like to be considered.**

Date available to begin work: _____

Last date available to work: _____

PERSONAL DATA

Name: _____

Last Name

Given Names

Street Address: _____

Town: _____ Postal Code: _____

Phone Number: _____ P.O. Box #: _____

Are you legally eligible to work in Canada? (please circle) Yes No

Are you available to work: Shift _____ Weekends _____ Holidays _____

Do you want to work Full Time _____ Part Time _____ Others _____

Do you possess a valid driver's license? (please circle) Yes No If so, what class? _____

Have you worked for us before? _____ If yes, when and dept? _____

EDUCATION

2018 / 2019 _____

(Name of University / College / High School attended)

Course (name): _____ Major: _____

Course duration (years): _____ Years completed: _____

Are you returning to full-time studies in the fall? (please circle) Yes No

What course? (explain) _____ Year _____

SPECIAL WORK RELATED SKILLS/COURSES: 9 _____

EMPLOYMENT

Name of most recent employer: _____

Address: _____

Period of employment: _____ to _____

Name of Supervisor: _____ Phone Number: _____

Job Title / Duties / Responsibilities: _____

Name of Previous Employer: _____

Address: _____

Period of employment: _____ to _____

Name of Supervisor: _____ Phone Number: _____

Job Title / Duties / Responsibilities: _____

Name of Previous Employer: _____

Address: _____

Period of employment: _____ to _____

Name of Supervisor: _____ Phone Number: _____

Job Title / Duties / Responsibilities: _____

For employment references, may we approach:

Your Present / Last Employer? (please circle) Yes No

Your Former Employer(s)? (please circle) Yes No

List references (if different than above) on a separate sheet. (Reference(s) cannot be a relative.)

Activities (volunteer, athletic, etc.): _____

I hereby declare that the foregoing information is true and complete to my knowledge.

I understand that a false statement may disqualify me from employment, or cause my dismissal.

Signature

Date

* APPLICATION FORM MUST BE FULLY COMPLETED AND A RESUME MUST BE ATTACHED.

* ALL HIRING IS SUBJECT TO THE MUNICIPAL STUDENT HIRING POLICY.