

APPLICATION FOR EMPLOYMENT

Clareville Area Recreation Association Inc.
224 Memorial Drive, Clareville, NL A5A 1N9

For Office Use Only:

Date Received: _____

Attachments: Yes No

Initial _____

NAME: _____
Last First

ADDRESS: _____
No Street.

_____ Town Province Postal Code

DOB: _____ PHONE #: _____
Day / Month / Year

SOCIAL INSURANCE #: (_____) (_____) (_____)

**IF YOU DO NOT HAVE A SOCIAL INSURANCE NUMBER, PLEASE
APPLY FOR ONE IMMEDIATELY**

POSITIONS APPLIED FOR: 1ST CHOICE _____

2ND CHOICE _____

ARE YOU READILY AVAILABLE FOR AN INTERVIEW? YES NO

IF NO, PLEASE INDICATE DATES & TIMES AVAILABLE.

DO YOU HAVE A VALID DRIVERS LICENSE?

IF YES, CLASS 04 _____ CLASS 05 _____

DO YOU HAVE ACCESS TO A VEHICLE?

IF YES, FULL TIME _____ PART TIME _____

EMPLOYMENT HISTORY

(List in order, most recent first)

1. Employer: _____ Supervisor: _____

Telephone: _____ Dates Employed: _____

2. Employer: _____ Supervisor: _____

Telephone: _____ Dates Employed: _____

3. Employer: _____ Supervisor: _____

Telephone: _____ Dates Employed: _____

PERSONAL REFERENCES (EXCLUDING RELATIVES)

NAME	OCCUPATION	TELEPHONE

IF THERE ARE OTHER ITEMS WHICH YOU FEEL ARE PERTINENT TO THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE USE THE SPACE PROVIDED BELOW TO INDICATE:

SIGNATURE OF APPLICANT: _____

DATE: _____

FOR OFFICE USE ONLY	
INTERVIEW: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE: _____ TIME: _____
ACCEPTABLE FOR EMPLOYMENT <input type="checkbox"/>	POSITION: _____
APPROVED BY: _____	DATE: _____

RECREATION/SPORT ACTIVITIES & SKILLS

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

- | | |
|--|---|
| <input type="checkbox"/> Drama | <input type="checkbox"/> Puppetry |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Music (Voice/Instrument) _____ |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Canoeing |
| <input type="checkbox"/> Cooperative Games | <input type="checkbox"/> Wilderness Techniques |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Referee Etc. (Sports) |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Water Safety (Beach Front) |
| <input type="checkbox"/> Orienteering | <input type="checkbox"/> Art |
| <input type="checkbox"/> Softball | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Other (Please Describe) _____ | |
| | _____ |
| | _____ |

VOLUNTEER EXPERIENCE

- | | |
|---|---|
| <input type="checkbox"/> Department of Parks & Recreation | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Church/Parish |
| <input type="checkbox"/> Brownies/Girl Guides | <input type="checkbox"/> Boy Scouts, Etc. |
| <input type="checkbox"/> Pre-School | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Sport Group | |
| <input type="checkbox"/> Other _____ | |
| | _____ |
| | _____ |

Comments: _____

EDUCATION

(Please indicate the highest grade you completed.)

High School:

Grade: _____ Date/Year Graduated: _____

Post Secondary:

Institution: _____

Program: _____

Dates Attended: _____

Certificate/Diploma Received: _____

Are you planning to attend a secondary/post secondary institute in September of this year?

Yes No

Name of post secondary institute you will/have applied _____

Describe course of study _____

QUALIFICATIONS

(Please attach copies of certificates/awards.)

Counselor in Training _____ Date Awarded _____

First Aid _____ Expiry Date _____

CPR _____ Expiry Date _____

Babysitting _____ Date Awarded _____

Life Guard _____ Date Awarded _____

Other _____

National Coaching Certificate Program (N.C.C.P)

Theory Level I _____ Date Completed _____

Theory Level II _____ Date Completed _____

N.C.C.P Technical Coaching Courses

SPORT	LEVEL	COMPLETION DATE