



ANTIGONISH COUNTY RECREATION

285 Beech Hill Road
Antigonish, NS B2G 0B4
Phone: (902)863-1141
Fax: (902)863-5751

APPLICATION FOR EMPLOYMENT

Please print clearly and answer all questions.

Name _____
Last Name First Name Initial

Address _____
Street Number Rural Route #

City/County Province Postal Code

Contact Information _____
Home Phone E-mail Cell Phone

Have you previously been employed with Antigonish County Recreation before? _____

If yes, when? _____ What position(s) _____

Have you ever been convicted of an offense? If so, give particulars _____

- Positions applied for:** 1. _____
(In order of preference) 2. _____
3. _____

SKILLS AND QUALIFICATIONS

List any applicable skills or qualifications for the position for which you are applying:

RECREATION BACKGROUND or COMMUNITY EDUCATION BACKGROUND

(List: Sports, Hobbies, Special Interests, Extra Curricular Activities, Volunteer Work, etc.)

EDUCATION BACKGROUND

	NAME / LOCATION OF SCHOOL	GRADE/YEAR COMPLETED	DATE GRADUATED	DEGREE
HIGH SCHOOL				
POST SECONDARY				
OTHER				

EMPLOYMENT HISTORY

DATES FROM: TO:	NAME AND ADDRESS OF EMPLOYER	SUPERVISORS NAME & TITLE	TELEPHONE #
DESCRIBE THE WORK YOU DID:			

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DESCRIBE THE WORK YOU DID:			

DATES FROM: TO:	NAME AND ADDRESS OF EMPLOYER	SUPERVISORS NAME & TITLE	TELEPHONE #
DESCRIBE THE WORK YOU DID:			

May we contact the above mentioned employers? _____ yes _____no

If not, include which one(s) you do not wish us to contact

Do you have WHIMIS Training? Yes_____ No_____ Do you have Emergency First Aid & CPR? Yes_____ No_____

If yes, please include of copy certification(s).

(Successful candidates will be provided with WHIMIS and First Aid training opportunities if they do not hold certification)

PERSONAL REFERENCES

Please give the names of 3 individuals who can refer to your job performance (excluding relatives).

NAME & OCCUPATION	ADDRESS	PHONE #
1.		
2.		
3.		

I hereby confirm that all of the contents of this application are true and accurate, and I acknowledge that the Municipality of the County of Antigonish may verify each particular. I further authorize the release to the Municipality of the County of Antigonish of any information verifying the contents of this application, including the release by any relevant police authority of information concerning any record of offenses.

Signature of Applicant: _____ Date: _____