

**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
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**Address**

\_\_\_\_\_

Street Number	Rural Route #
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\_\_\_\_\_

City/County	Province	Postal Code
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**Contact**

**Information**

\_\_\_\_\_

Home Phone	E-mail	Cell Phone
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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: \_\_\_\_\_