



**For Office Use Only:**

Date Received: \_\_\_\_\_

Attachments:  Yes  No

**APPLICATION FOR EMPLOYMENT**

**Clarendville Area Recreation Association Inc.  
99 Pleasant Street, Clarendville, NL A5A 1V9**

**NAME:** \_\_\_\_\_  
Last First

**ADDRESS:** \_\_\_\_\_  
No Street.

\_\_\_\_\_

Town Province Postal Code

**DOB:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
Day / Month / Year

**POSITIONS APPLIED FOR: 1<sup>ST</sup> CHOICE** \_\_\_\_\_

**2<sup>ND</sup> CHOICE** \_\_\_\_\_

**YOU WILL BE ASKED FOR YOUR SOCIAL INSURANCE NUMBER UPON HIRE, IF YOU DO NOT POSSES A SIN PLEASE APPLY FOR ONE IMMEDIATELY.**

<p><b>ARE YOU READILY AVAILABLE FOR AN INTERVIEW?</b>    <input type="checkbox"/> YES                                  <input type="checkbox"/> NO</p> <p><b>IF NO, PLEASE INDICATE DATES &amp; TIMES AVAILABLE.</b></p> <p>_____</p> <p><b>DO YOU HAVE A VALID DRIVERS LICENSE?</b></p> <p>IF YES, CLASS 04 _____ CLASS 05 _____</p> <p><b>DO YOU HAVE ACCESS TO A VEHICLE?</b></p> <p>IF YES, FULL TIME _____ PART TIME _____</p>
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## 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:  YES       NO      DATE: \_\_\_\_\_      TIME: \_\_\_\_\_

ACCEPTABLE FOR EMPLOYMENT       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 \_\_\_\_\_

HighFive: Principles of Healthy Childhood Development \_\_\_\_\_

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