

# Career Profile Application



Name:

Address:

FIRST	LAST
APT #      STREET	<b>Home Phone:</b> (    )
CITY                      PROV                      POSTAL CODE	<b>Work or Cell Phone:</b> (    )
<b>E-mail:</b>	<b>Fax:</b> (    )

**Student Eligibility:**

For positions that are subject to receiving student subsidy funding: the funding requires summer students to be attending a secondary or post-secondary institution full time in Spring 2010 semester and returning to a secondary or post-secondary institution full time in the fall of 2010

Did you attend high school, secondary or post-secondary institution full -time in the spring 2010?    Yes  No

Will you be attending high school secondary or post-secondary institution in the fall of 2010?                      Yes  No

**Related Experience:**

If you answer yes please answer length of experience

Do you possess experience in a children's day camp?                      Yes  No

Do you possess experience planning, coordinating and implementing children's programs?                      Yes  No

Do you possess experience supervising others?                      Yes  No

**Certificates required:**                      Date of Issue

- Emergency First Aid/CPR
- Criminal Record Check
- Drivers Licence

Because of the environment this position will be working in, the successful candidate will be required to submit to a child abuse registry search prior to commencement of employment.

Are you legally entitled to work in Canada?                      Yes  No

Prairie West Recreation District seeks to protect participants, volunteers, employees and the community through appropriate screening measures. Reference checks are required for all employees and volunteers. Please provide the names of two references that we may contact.

**Name:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_  
FIRST LAST

**Address:** \_\_\_\_\_  
Box # or STREET CITY PROV POSTAL CODE

**Name:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_  
FIRST LAST

**Address:** \_\_\_\_\_  
Box # or STREET CITY PROV POSTAL CODE

I certify that the information contained in this application is true and complete, to my knowledge. I understand that a false statement may disqualify me from my employment or cause my dismissal. **Yes**  **No**

Completed by: Print Name

SIGNATURE

DATE