

APPLICATION FOR EMPLOYMENT
TOWN OF HANNA
COMMUNITY SERVICES DEPARTMENT

Epic Adventures Summer Youth Program – Program Leaders

Applicants who are applying for **Program Manager** are requested to indicate such, outlining leadership and supervisory skills, training and/or experience.

This position requires that you be a friendly, dynamic, resourceful and high energy leader for our summer youth program - Epic Adventures. Must be actively involved in the planned activities and events. Ensure that the facility is clean, safe and secure for program activities. Must ensure that accurate records and reports are completed as required by supervisor and/or manager. Must maintain confidentiality and adhere to safe workplace operation at all times. Must be willing to work evenings and/or weekends as required.

Must be willing to attend training for First Aid, obtain Certification through the High Five Program and/or attend youth programming or event training as requested.

Preference will be given to those applicants who have successfully completed the Community Services Leaders in Training Program.

For more information, Contact:
Gwen Snell, Director of Community Services
(403) 854-4433 Email: gsnell@hanna.ca

Personal Information (Please print clearly)

Name _____ Telephone # () _____
Last First

Mailing Address _____

Town/City Province Postal Code

Email: _____ Cell Phone: () _____

Date: _____

Are you available to work:

- Full-time
 Part-time Specify days and hours if part-time _____

Were you previously employed with us? _____ If yes when? _____

If your application is considered favorably on what date will you be available for work?

_____, 20_____

Education				
Type of School	Name of School	Location (complete mailing address)	Years Completed	Major & Degree
High School				
Post Secondary				

Employment		
Company: Address: Phone No. ()	Name of Supervisor: Duties Performed:	Employed From: To: Reason for Leaving
Company: Address: Phone No. ()	Name of Supervisor: Duties Performed:	Employed From: To: Reason for Leaving
Company: Address: Phone No. ()	Name of Supervisor: Duties Performed:	Employed From: To: Reason for Leaving

Personal References (exclude Supervisors listed above and relatives)		
Name	Relationship:	Phone No. ()
Name	Relationship:	Phone No. ()

Have you been charged with a criminal offence? If so, please explain.

I have not been charged with a criminal offence.

Date

Signature

Signature of Parent (if under 18 years)

Should you be successful in obtaining employment with the Town of Hanna, you may be required to supply a driver's abstract, criminal record check or a vulnerable person's background check depending upon your duties or position with the Town.

I certify that the above information is correct. I authorize the references, supervisors and educational institutions listed above to give you any information concerning my prior employment or education. I understand that you, as my potential employer are collecting my personal information on this form and from the references, supervisors and educational institutions listed above to determine my suitability for the position I have applied for and, if I am hired, for the purpose of our employment relationship. I understand and agree that you, as my potential employer, will use and disclose my personal information only for those purposes or as permitted or required by law. By signing this form, I consent to the collection, use and disclosure by you, as my potential employer, of my personal information for these purposes.

Date

Signature of Applicant

~ Please attach any additional information you feel may be helpful in our selection ~