

Student Employment Application Form

Applicant Information					
Full Name:	Last	First	Da	ate:	
Address:	Street Address			Apartment/Unit #	
	City		Province	Postal Code	
Phone:		Email:			
Date Availa	ble:				
Position Ap	plied for	File No.			
Have you previously worked for our YES NO					
What position were you employed in?					
		Education			
High Schoo	l:	Address:			
From:	To:	YES N _ Did you graduate? 🔲 [
College:		Program:			
From:	То:	_ Years Completed?	Diploma/ Degree:		
University: Program:					
From:	To:	Years Completed?	Degree:		

Please Note: Filling these positions is conditional on the Agency receiving subsidy and thus, as a result, may not proceed with interviews for all positions posted.

References

Please list two professional references.					
Full Name:	Relationship:				
Company:	Phone:				
Address:					
Full Name:	Relationship:				
Company:	Dharas				
Address:					
Previo	us Employment				
Company:	Phone:				
Address:	Supervisor:				
Job Title:					
Responsibilities:					
From: To:					
Company:	Phone:				
Address:	Supervisor:				
Job Title:					
Responsibilities:					
From: To:					
Certifications and License					
	First Aid Certificate? □ Yes □No				
Lifeguard Certification?					
List Other Certifications:					
Disclaimer and Signature					

I certify that I have been registered as full-time student in the previous academic year and intend to return to school on a full-time basis in the next academic year.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:

Date:



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