

# APPLICATION FOR SUMMER PART-TIME EMPLOYMENT

WE THANK ALL THOSE WHO APPLY. ONLY THOSE SELECTED FOR AN INTERVIEW WILL BE CONTACTED.

**Please print clearly and answer all questions.**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ INITIALS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT.#: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: ( ) OTHER: ( ) EMAIL: \_\_\_\_\_

YES  NO  Are you legally eligible to work in Canada?

YES  NO  Do you have a valid Social Insurance Number? Refer to [www.vaughan.ca/SeasonalRecJobs](http://www.vaughan.ca/SeasonalRecJobs) for more details.

YES  NO  Will you be between the ages of 16 and 64 by the start of training?

YES  NO  Are you presently employed in any other position by the City of Vaughan? If yes, position and location: \_\_\_\_\_

YES  NO  Have you been employed in the past by the City of Vaughan? If yes, position and location: \_\_\_\_\_

YES  NO  Do you have your current Standard First Aid Certificate? If 'yes', EXP. DATE: \_\_\_\_\_ ATTACH PHOTOCOPY.

YES  NO  Do you have your current Vulnerable Sector Screening? ATTACH PHOTOCOPY or RECEIPT COPY.

Complete one application form for summer employment. **RESUMES ARE STRONGLY RECOMMENDED.**

POSITION APPLYING FOR:	PROGRAM APPLYING TO:	PREFERRED LOCATIONS:
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**EDUCATION:** HIGHEST GRADE COMPLETED: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

List below any volunteer or paid positions you have held related to the position you are applying for. Begin with the most recent.

EMPLOYED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_ EMPLOYED From \_\_\_\_\_ to \_\_\_\_\_  
MM/YY MM/YY

EMPLOYED BY: \_\_\_\_\_ POSITION: \_\_\_\_\_ EMPLOYED From \_\_\_\_\_ to \_\_\_\_\_  
MM/YY MM/YY

**QUALIFICATIONS:** Please list qualifications/certificates related to the position for which you are applying. **NOTE: Attach photocopies.**

QUALIFICATIONS/CERTIFICATE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_  
MM/YY

QUALIFICATIONS/CERTIFICATE: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_  
MM/YY

**OTHER RELATED INTERESTS OR SKILLS:** \_\_\_\_\_

I HEREBY CERTIFY THE ABOVE INFORMATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND I AUTHORIZE YOU TO MAKE SUCH INQUIRIES AS MAY BE DEEMED NECESSARY IN THE PROCESSING OF MY APPLICATION FOR EMPLOYMENT.

IT IS UNDERSTOOD AND AGREED ANY MISREPRESENTATION MADE BY ME IN CONNECTION WITH THIS APPLICATION MAY BE SUFFICIENT CAUSE FOR CANCELLATION OF THE APPLICATION OR, IF I HAVE BEEN EMPLOYED, CAUSE FOR SEPARATION.

PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE MUNICIPAL ACT: R.S.O. 1980, C302, AS AMENDED, AND WILL BE USED TO DETERMINE QUALIFICATIONS FOR EMPLOYMENT WITH THE CORPORATION OF THE CITY OF VAUGHAN. QUESTIONS ABOUT THIS COLLECTION OF PERSONAL INFORMATION SHOULD BE DIRECTED TO THE CITY OF VAUGHAN HUMAN RESOURCES DEPARTMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE DROP OFF COMPLETED APPLICATIONS TO ANY LOCAL COMMUNITY CENTRE OR FAX TO THE CITY OF VAUGHAN AT 905-832-8550.  
GO ONLINE AT: [www.vaughan.ca/SeasonalRecJobs](http://www.vaughan.ca/SeasonalRecJobs) FOR MORE INFORMATION.