



# EMPLOYMENT APPLICATION

Submit completed applications to theworks@mun.ca or mail to:  
The Works Administration Office, 17 Westerland Rd, St. John's, NL A1B 3R7

APPLICANT INFORMATION			
Last Name	First Name	M.I.	Date of Application
Street Address			Apartment/Unit #
City	Prov.	Postal Code	
Phone	Cell	Email	
Position Applied for Facility Attendant <input type="checkbox"/> Tim Hortons Host <input type="checkbox"/> Fitness Leader <input type="checkbox"/> Lifeguard/Aquatic Instructor* <input type="checkbox"/> Aerobics Instructor <input type="checkbox"/> Receptionist <input type="checkbox"/> Other <input type="checkbox"/> : _____			
Are you a Canadian citizen?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in Canada?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for The Works?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, when?			
Are you employed with Memorial University?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

EDUCATION			
High School			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
College/University		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

REFERENCES	
<i>Please list three references other than relatives, who are in a position to judge your work ability. (I.E – character, educational, extracurricular)</i>	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

<b>EMPLOYMENT EXPERIENCE</b>			
Company		Phone (    )	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
Company		Phone (    )	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
Company		Phone (    )	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
Company		Phone (    )	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	

<b>QUALIFICATIONS</b>		
Applicants must submit copies with this application of all qualifications and awards or proof of registration for the course.		
<input type="checkbox"/> Bronze Medallion Expiry: _____ <input type="checkbox"/> Bronze Cross      Expiry: _____ <input type="checkbox"/> NLS Award          Expiry: _____ <input type="checkbox"/> CPR                    Expiry: _____ <input type="checkbox"/> Standard First Aid Expiry: _____	<input type="checkbox"/> Basic Life Support Expiry: _____ <input type="checkbox"/> Aerobics Instructor Training Expiry: _____ <input type="checkbox"/> Red Cross/LSS Instructor Award <input type="checkbox"/> CPR Instructor	<input type="checkbox"/> Anatomy/Physiology Course <input type="checkbox"/> LSS Examiner <input type="checkbox"/> NLS Instructor <input type="checkbox"/> High Five Training
List any other related qualifications, training or experience:		

<b>DISCLAIMER AND SIGNATURE</b>	
<p>I certify that the information I provide on this application is true and complete to the best of my knowledge and consent that The Works may at any time verify the information. I understand that if I am employed, any false statements on the application shall be considered sufficient cause for dismissal.</p> <p>I consent to The Works collecting the personal information supplied in this application form for the purpose of assessing my application for employment and to The Works contacting my references I have named to obtain a reference.</p>	
Signature	Date

**Office Use Only:** Date Received: \_\_\_\_\_ Clerk's Signature: \_\_\_\_\_