



# 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	Email		
<b>I am applying for the following position(s):</b> 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"/> Customer Service <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?	

EDUCATION			
High School			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> In Progress <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"/>	Program

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>	
Name	Title/Relationship
Company/Org	Phone
Address	Email
Name	Title/Relationship
Company/Org	Phone
Address	Email
Name	Title/Relationship
Company/Org	Phone
Address	Email

EMPLOYMENT EXPERIENCE		
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

QUALIFICATIONS		
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"/> National Lifeguard      Expiry: _____ <input type="checkbox"/> CPR C                        Expiry: _____ <input type="checkbox"/> Standard First Aid      Expiry: _____	<input type="checkbox"/> Basic Life Support Expiry: _____ <input type="checkbox"/> Red Cross/LSS Instructor Award <input type="checkbox"/> CPR Instructor <input type="checkbox"/> Fitness Instructor Training	<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:		

DISCLAIMER AND SIGNATURE	
<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: \_\_\_\_\_ Received By: \_\_\_\_\_