APPLICATION FOR EMPLOYMENT TOWN OF HANNA COMMUNITY SERVICES DEPARTMENT

Summer 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 Must be actively involved in the planned activities and events.

Ensure that the facility is clean, safe and secure for program activities.

Ensure that accurate records and reports are completed as required.

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 and/or attend programming or event training as requested.

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

Those interested can submit their resume or application:

- in person at the Town Office during business hours
- by mail at Box 430
- by email to admin@hanna.ca. Please follow up within 5 business days if you have not received a reply indicating the application has been received.

Personal Information Name ____ Mailing Address Postal Code Town/City Province 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_____

Type of School	Name of School		Location (complete mailing address)	Years Completed	Major & Degree	
High School						
Post Secondary						
•						
Employment						
Company:	Name		of Supervisor:	Employed Fro	Employed From: To:	
Address:		Dutie	s Performed:	Reason for Le	aving	
Phone No. ()						
Company:		Name	of Supervisor:	Employed Fro	om: To:	
Address:		Dutie	s Performed:	Reason for Le	eaving	
Phone No. ()						
Company:		Name	of Supervisor:	Employed Fro	om: To:	
Address:		Dutie	s Performed:	Reason for Le	aving	
Phone No. ()						
Personal Refere	ences (exclude Su	nervis	ors listed above and rela	tives)		
Name	Frees (exclude ou		onship:	Phone No. ()	
			•		,	
Name		Ralati	onshin:	Phone No. (,	

Have you bee	n charged with a crimina	al offence? If so, please explain.	
I have not bee	en charged with a crimin	al offence.	
	Signature	Signature of Parent (if under 18 years)	
required to s	upply a driver's abstra	ng employment with the Town of Hanna, you may act, criminal record check or a vulnerable pers our duties or position with the Town.	
educational in employment of my personal in institutions list am hired, for the as my potent purposes or	nstitutions listed above or education. I understant information on this form ted above to determine the purpose of our emploid ial employer, will use as permitted or require and disclosure by you	correct. I authorize the references, supervisors to give you any information concerning my pand that you, as my potential employer are collected and from the references, supervisors and education you suitability for the position I have applied for another relationship. I understand and agree that and disclose my personal information only for the dot y law. By signing this form, I consent to as my potential employer, of my personal information	orior eting onal I, if I you, nose the
 Date		Signature of Applicant	

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