

# The Corporation of the Town of Cochrane

## 2023 SUMMER STUDENT APPLICATION FORM

Checkmark

Position being applied for:

1. Town Hall (Administration / Provincial Offences Act)
2. Child Care / Youth Camps (French and English Centres)
3. Polar Bear Habitat & Heritage Village
4. Recreation (Parks, Pool, etc.)
5. Infrastructure (Water and Sewer, Engineering, Public Works)
6. Economic Development / Planning

\* Availability of positions depends on approval of funding

Date available to begin work: \_\_\_\_\_

Last date available to work: \_\_\_\_\_

### ***PERSONAL DATA***

Name: \_\_\_\_\_

Last Name

Given Names

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

P.O. Box # : \_\_\_\_\_

Are you legally eligible to work in Canada?

Yes

No

Are you available to work:

Shift \_\_\_\_\_

Weekends \_\_\_\_\_

Holidays \_\_\_\_\_

Do you want to work

Full Time \_\_\_\_\_

Part Time \_\_\_\_\_

Others \_\_\_\_\_

Do you possess a valid driver's license?

Yes

No

If so, what class? \_\_\_\_\_

Have you worked for us before? \_\_\_\_\_

If yes, when and dept? \_\_\_\_\_

### ***EDUCATION***

\_\_\_\_\_  
(Name of University / College / High School attended)

Course (name): \_\_\_\_\_

Major: \_\_\_\_\_

Course duration (years): \_\_\_\_\_

Years completed: \_\_\_\_\_

Are you returning to full-time studies in the fall? (please circle)

Yes

No

What course? (explain) \_\_\_\_\_

Year \_\_\_\_\_

**SPECIAL WORK RELATED SKILLS/COURSES:** \_\_\_\_\_

## EMPLOYMENT

Name of most recent employer: \_\_\_\_\_

Address: \_\_\_\_\_

Period of employment: \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title / Duties / Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Period of employment: \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title / Duties / Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Name of Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Period of employment: \_\_\_\_\_ to \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Job Title / Duties / Responsibilities: \_\_\_\_\_

\_\_\_\_\_

For employment references, may we approach:

Your Present / Last Employer? (please circle) Yes No

Your Former Employer(s)? (please circle) Yes No

**List references (if different than above) on a separate sheet. (Reference(s) cannot be a relative.)**

Activities (volunteer, athletic, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I hereby declare that the foregoing information is true and complete to my knowledge.**

**I understand that a false statement may disqualify me from employment, or cause my dismissal.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* APPLICATION FORM MUST BE FULLY COMPLETED AND A RESUME MUST BE ATTACHED.

\* ALL HIRING IS SUBJECT TO THE MUNICIPAL STUDENT HIRING POLICY.