

Application for Seasonal Employment

Service des loisirs et des parcs
 Parks & Recreation Department

Please Print Clearly. Please Attach Your Résumé and all Required Certifications.

PERSONAL INFORMATION					
Last Name		First Name			
Address No.	Street	Apt. #	City	Province	Postal Code
Home tel. #	Other tel. #		Other tel. #	Email Address	

LANGUAGES (Please Circle)						
ORAL				WRITTEN		
English:	Fluent	Fair	A Little	Fluent	Fair	A Little
French:	Fluent	Fair	A Little	Fluent	Fair	A Little
Other: Specify	Fluent	Fair	A Little	Fluent	Fair	A Little

SCHOOL / SKILLS / HOBBIES					
	INSTITUTION	PROGRAM	START DATE	END DATE	DEGREE / DIPLOMA OBTAINED
1. High School					
2. Cegep / College					
3. Technical					
4. University					
* Special Courses (seminar, training, workshops, etc...):					
* Special Skills / Qualifications:					
* Hobbies or Special Interests:					
* Name of Anticipated School in September (if applicable):					

EMPLOYMENT RECORD: Starting With Most Recent. You Should Also Include a Résumé.				
COMPANY	TEL. #	FUNCTION	SUPERVISOR	DATES WORKED: START / END
1.				
2.				
3.				
4.				

DESIRED POSITION: Please Choose Specific Positions From the List Posted or Advertised	
First Choice:	Second Choice:
Date Available:	Have you ever been employed by the City?

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omissions of facts on my part will be justification for separation from the services of the City of Côte Saint-Luc. I am also aware that, if hired, I will be asked to participate in the **Employee Verification Program by the SPVM**. I understand that my acceptance as an employee is conditional based on the recommendation of this verification program.

I have read and fully understood the above information: (Initials) _____

_____ Date

_____ Signature of Applicant

An Equal Opportunity Employer

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, or marital status.

FOR OFFICE USE	
Received on:	Received by:
Date of Birth:	Social Insurance #