

Recreation Programs  
2019 SUMMER JOB APPLICATION

CITY OF MOOSE JAW  
PARKS & RECREATION DEPARTMENT  
4<sup>th</sup> FLOOR, 228 MAIN STREET NORTH  
MOOSE JAW, SK S6H 3J8  
PHONE # (306) 694-4447

- I can attend the **High Five Training Workshop** being held **Saturday, May 25<sup>th</sup>**  
Pre-register at the Kinsmen Sportsplex (855 MacDonald St. W)
- I still need a **Standard First Aid & CPR Course**;  
I am pre-registered for one of the **Red Cross Standard First Aid & CPR Courses** at the  
Kinsmen Sportsplex (855 MacDonald St. W);
- May 5**(Blended Learning Course)
- I am registered for a different course:  
\_\_\_\_\_
- If hired I can attend **Mandatory Staff Orientation** at the Kinsmen Sportsplex, on  
**Tuesday, July 2<sup>nd</sup> for Youth Activity Centre Staff**  
**Tuesday, July 2<sup>nd</sup>for Playground Program Staff**  
(Orientation will be a full day approx. 8:30am - 5:00pm)

**POSITIONS:**

Please check the position(s) you are applying for below:

- Playground Director**
- Youth Activity Centre Supervisor**

*[PLEASE PRINT CLEARLY IN BLUE OR BLACK INK]*

This form is to be completed by the prospective positions listed above and returned to City of Moose Jaw, Parks & Recreation Department.

**NAME** \_\_\_\_\_  
(First) (Middle) (Last)

**ADDRESS** \_\_\_\_\_  
(No.) (Street) (City) (Province) (Postal Code)

**TELEPHONE #** \_\_\_\_\_  
(Home) (Cell)

**EMAIL** \_\_\_\_\_ **SIN#** \_\_\_\_\_

**BACKGROUND:**

Have you ever been employed by the City of Moose Jaw \_\_\_\_\_ Year: \_\_\_\_\_

Are you over the age of 16 and under the age of 65 \_\_\_\_\_

Are you a student \_\_\_\_\_ (A student is someone currently enrolled in high school or post-secondary education in the process of completing a program of study)

Length of residence in Moose Jaw \_\_\_\_\_

School year now completing \_\_\_\_\_ School you're attending \_\_\_\_\_

On what date will you be available to start work? \_\_\_\_\_

If a student, on what date do you return to school? \_\_\_\_\_

On what date are you no longer available to work? \_\_\_\_\_

Do you have any relatives employed by the City of Moose Jaw? \_\_\_\_\_

If yes, their name and relationship to you \_\_\_\_\_

**EDUCATION:**

	NAME CITY/TOWN, PROVINCE	COURSE	LEVEL ATTAINED (please circle)	GRADUATE (YES / NO)
Elementary School			5 6 7 8	
High School			9 10 11 12	
College				
University				
Other				

**WORK HISTORY:**

DATE FROM:	DATE TO:	NAME & ADDRESS OF EMPLOYER	WAGE:	SUPERVISOR'S NAME & ADDRESS	REASON FOR LEAVING

Describe the work you did.

DATE FROM:	DATE TO:	NAME & ADDRESS OF EMPLOYER	WAGE	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING

Describe the work you did.

DATE FROM:	DATE TO:	NAME & ADDRESS OF EMPLOYER	WAGE	SUPERVISOR'S NAME AND TITLE	REASON FOR LEAVING

Describe the work you did.

May we contact the employers listed above? \_\_\_\_\_ If not, indicate below which one(s) you do not wish us to contact.

\_\_\_\_\_

**EXPERIENCE/TRAINING:**

\_\_\_\_\_

Have you successfully completed the High Five Training Workshop?\_\_\_\_\_

Year: \_\_\_\_\_ or Pre-registered for this year? \_\_\_\_\_

Have you worked or volunteered for the Parks & Rec. Dept. before? If so doing what?

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Leadership Experience/Volunteer Involvement \_\_\_\_\_

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Hobbies and Interests \_\_\_\_\_

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Please list any special awards, qualifications or achievements you have achieved in the areas of recreation, sports, arts, cultural, outdoor education, etc.

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Do you possess a current First Aid certificate? \_\_\_\_\_ Expiry Date: \_\_\_\_\_

(Please attach a copy of card or certificate.)

Do you possess a current CPR certificate? \_\_\_\_\_ Expiry date: \_\_\_\_\_

(Please attach a copy of card or certificate.)

What activities/events have you helped organize/supervise? \_\_\_\_\_

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What clubs/organizations (including sports, drama, groups, etc.) do you/have you belonged to?

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Please list any other personal skills which you believe would contribute to the position(s) you are applying for.

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**PERSONAL REFERENCES:** (excluding individuals listed on page 3 and relatives)

NAME, OCCUPATION OR HOW YOU KNOW THEM	CITY/TOWN, PROV.	PHONE NUMBER
1)		
2)		
3)		

**\*Please feel free to attach a resume or any additional information you wish to provide.**

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION & AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_