

Application for Summer Employment Program Leader

Town of LaSalle—Department of Culture and Recreation

Application Date:	Please note, applications are pre-screened based on the information provided on the application form. Resumes may be attached if there is insufficient writing space. Applications may be dropped off at the Vollmer Centre located at 2121 Laurier Avenue. Closing date for above positions will be Friday, March 9 at 4:30 p.m.	
Surname:	Given Name:	Initial:
Street Address:	City/Town:	Postal Code:
Phone Number:	Date Available to Start:	Days & Times Available to work:

EDUCATION

High School:	College:	University:
Year Completed:	Year Completed:	Year Completed:
	Program:	Program:
Have you been employed by the Town in the past? YES/NO	Department::	Year:
Other Languages Spoken: (specify)	Other Languages Written: (specify)	
Relevant Qualifications/Certifications*: *copies must be attached		

EXPERIENCE

Please describe your most recent experience (employment and volunteer)

Position: _____ Name of Organization: _____

City: _____ Province: _____ Dates: _____

Duties:

Position: _____ Name of Organization: _____

City: _____ Province: _____ Dates: _____

Duties:

EXTRACURRICULAR ACTIVITIES

Describe your extracurricular activities including school involvement, volunteer experience, membership in clubs or organizations, leadership roles, sports activities, hobbies etc.

Please note: You are not required to mention the names of organizations that indicate race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, political beliefs or disabilities.

REFERENCES

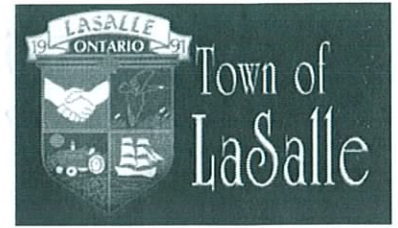
Please distribute reference forms to three references. Completed forms must be mailed to: Town of LaSalle, Department of Culture and Recreation, 5950 Malden Road, LaSalle ON, N9H 1S4 or can be faxed to 519-250-0194. Applicants will not be considered until all references have been received.

I understand that any omission or misrepresentation with respect to this information may be cause for denial or immediate termination of employment. Personal information is collected under the Authority of the Municipal Act, R.S.O. 2001 and will be used to determine eligibility for employment.

Signature: _____ Date: _____

REFERENCE FORM

For Program Leader/Instructor Applicants



Applicant's Name: _____ Phone Number: _____

I ALLOW THE RELEASE OF THE INFORMATION BELOW: _____
Signature of Applicant

1. How long have you known the applicant? Nature of Reference: Employment
 Personal
2. Do you recommend hiring this applicant to work in a leadership position? YES NO
3. What special assets does the applicant have?

4. Please rate the applicant on the factors below by placing an X in the appropriate column.

FACTORS	ALWAYS	USUALLY	SOMETIMES	RARELY	NEVER
Displays positive attitude					
Demonstrates desire to learn					
Completes tasks without frequent reminders					
Shows ability to accept supervision					
Exhibits honesty and dependability					
Works well with others					
Relates well to peers					
Shows concern and respect for others					
Demonstrates sound decision making					
Adapts well to new situations					
Shows leadership					
Takes initiative					
Displays self-confidence					
Responds well to suggestions					
Demonstrates creativity and resourcefulness					

5. How would you classify this applicant as a potential staff member?

- Excellent, should receive top priority
- Very good, should be among those considered
- Good, but does not stand out over others at the same level
- Perhaps should mature another year before considering
- I do not recommend this applicant for your programs

6. Please provide any additional information below that may assist us in making a hiring decision.

Thank you for taking the time to complete this form. You may be contacted to verify the above information.

Please note: Applicants will not be considered until all references have been received.

You may return this form by mailing it to:
The Vollmer Culture and Recreation Complex
2121 Laurier Drive
LaSalle, ON N9J 0B4

or by fax to
519-946-3348

Your name:

Address:

City:

Postal Code:

Phone:

Signature of Reference: _____ Date: _____

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