



The Town of LaSalle,
5950 Malden Road, LaSalle Ontario, N9H 1S4

Application for Employment

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.

Surname	Given Name	Initial
Street Address	City/Town	Postal Code
Phone Number	Date Available to Start	Days & Times Available to Work
Preferred Employment:		
<input type="checkbox"/> Aquatics – Lifeguard / Instructor	<input type="checkbox"/> Outside Labour	<input type="checkbox"/> Program Leader*
<input type="checkbox"/> Aquatics – Team leader		<input type="checkbox"/> Program Team Leader
Program Leaders must complete and attach a Program Skills Form		

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 or volunteer)

Position: _____ Name of Organization _____

City _____ Province _____ Dates _____

Duties: _____

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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 include race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, political beliefs or disabilities

References

Please have reference forms completed by three references. Completed forms must accompany the application.

Applicants will not be considered for employment unless all references are attached to the application.

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

Please note: Reference Forms must accompany application forms.
Applicants will not be considered until all references have been received

Applicant's Name: _____ Phone Number _____

I ALLOW THE INFORMATION BELOW: _____
Signature of Applicant

How long have you known the applicant? _____ Nature of reference: Employment
 Personal

Do you recommend hiring this applicant to work in a leadership position? Yes No

What special assets does the applicant have? _____

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					



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

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

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

Your name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Signature of Reference _____

Date: _____

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Program Skills Form

For Program Leader Applicants

Applicant's Name: _____ Phone Number _____

Please complete this form to attach to your resume.

Mark "T" for areas you can organize and teach by yourself

Mark "A" for areas you can assist in teaching.

Mark "K" for areas you have knowledge and skill

Educational	
	Home Alone
	Learn to Babysit
	Science Programs
	Tutoring
	Pre-school Play Programs
	Music
	Environmental /Outdoor Programs
	Photography
	Leadership Programs
	Cooking
	Magic

Sports	
	Basketball
	Soccer
	Floor Hockey
	Ice Hockey
	Skating
	Figure Skating
	Mountain Biking
	Skateboarding
	Lacrosse
	Golf
	Other:

Dance & Gymnastics	
	Tap
	Ballet
	Jazz
	Hip Hop
	Gymnastics
	Rhythmic Gymnastics
	Cheerleading
	Skipping
	Other

Creative Arts	
	Painting
	Jewelry Making / Beading
	Sketching / Drawing
	Drama
	Sewing
	Pottery
	Other:

Games	
	Active Games
	Passive Games
	Parachute Games
	Chess
	Hacky Sack
	Juggling
	Other:

Other areas of interest: _____
