

**Town of Antigonish Recreation Department
Application for Employment**

Name _____ SIN _____

Mailing Address _____

Health Card # _____ Telephone _____

Date of Birth _____ Driver's License # _____

Position Applied For _____ E-Mail Address _____

Education:

High school _____ Grade Completed _____ Year _____

University _____ Graduation Year _____

Other _____ Graduation Year _____

Previous Employment:

Employer

Position

Telephone

1. _____

2. _____

3. _____

Please list activities/courses that you are qualified to lead/ teach and a copy of credentials

Please list three references:

Name

Position

Telephone

1. _____

2. _____

3. _____

** Please attach current resume

** Proof of current First Aid **must** accompany application

Date received: _____

