

YOUTH SUMMER WORKER (CSJ) APPLICATION FORM

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City Province Zip Code

E-MAIL: _____ PHONE: _____

SOCIAL INSURANCE NUMBER (SIN): _____ - _____ - _____

POSITION APPLIED FOR: (YOU CAN TICK MORE THAN ONE POSITION)

ADMINISTRATION ASSISTANT
COMMUNITY/SOCIAL SERVICE WORK
EVENT PLANNER

EMPLOYMENT ELIGIBILITY

ARE YOU IN THE AGE RANGE OF 15 TO 30? YES NO

ARE YOU A CANADIAN CITIZEN OR PERMANENT RESIDENT OF CANADA, OR REFUGEE UNDER THE IMMIGRATION AND REFUGEE PROTECTION ACT? YES NO

ARE YOU AVAILABLE FOR THE EMPLOYMENT PERIOD FROM 24 JUNE TO AUGUST 23, 2024 FOR 9 WEEKS, 30 HOURS PER WEEK AT \$16.55 PER HOUR? YES NO

EDUCATION

HIGH SCHOOL: _____ CITY / PROVINCE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

POST-SECONDARY: _____ CITY / PROVINCE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

PREVIOUS EMPLOYMENT

EMPLOYER: _____
Company / Individual

E-MAIL: _____ PHONE: _____

JOB TITLE: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES
(PROFESSIONAL ONLY)

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

FULL NAME: _____ **RELATIONSHIP:** _____
First Last

COMPANY: _____ TITLE: _____

E-MAIL: _____ PHONE: _____

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or type with the application being fully completed in order for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____