

**THE CORPORATION OF THE CITY OF BRANTFORD
AQUATICS AND/OR FITNESS EMPLOYMENT**

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Name: _____
(Please Print) Last First Middle

Home Address: _____
Address City Postal Code Phone No.

Email Address: _____

Cell Phone No.: _____

Are you bondable? Yes No

Specific Criminal Records May Render You Unbondable

Person to Notify in Emergency: _____
Name Address Phone

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SCHOOL	ATTENDED	CERTIFICATE and/or DIPLOMA RECEIVED
High School	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/>
College or University	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/>
Technical	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/>
Night or Correspondence	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/>
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Working Towards <input type="checkbox"/>

Are you returning to school in September? Yes No

If applicable what profession has your education prepared you for? _____

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	PRESENT OR MOST RECENT	BRIEF DESCRIPTION OF POSITION
Name of Employer		
Address / Phone		
Name of Supervisor		
Your Position		
Length of Employment (Number of Months/Years)		
Reason For Leaving		

	PREVIOUS	BRIEF DESCRIPTION OF POSITION
Name of Employer		
Address / Phone		
Name of Supervisor		
Your Position		
Length of Employment (Number of Months/Years)		
Reason For Leaving		

Name (Please Print): _____

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Computer Skills _____ Other Office Skills _____
(Other skills, courses, clinics or volunteer experience including with persons with a disability)
Other Skills (Specify) _____

Certain positions within the City require a valid Ontario Driver's Licence, and in some cases with a "Z" Endorsation

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The Ontario Public Pool Regulation requires that you be 16 years of age or older to be eligible for employment as a Lifeguard and/or Instructor. You must have a current NLS to Lifeguard and a current Red Cross Instructor Certification to Instruct. The Corporation of the City of Brantford also requires that you have Standard First Aid, or obtain it within the first six weeks of employment. **Note: A Copy Of Your Qualifications Must Be Attached To This Application Form**

Qualifications - Check all that Apply

- Red Cross Instructors Bronze Cross Fitness Certificate – Type: _____
- National Life Guard Certificate C.P.R. First Aid – Type: _____
- Life Saving Society Instructors Personal Training Certificate

Check the Position You Are Applying For (check all that apply) and When You Are Available to Work

- Fitness Instructor Lifeguard Aquatic Instructor Day Camp Counselor
- Caretaker Reception/Cashier/Concession Weight Room Instructor Go-kart Attendant *
- Spring Summer Fall Winter Daytime Evening Weekends

* You must be 18 years of age or older to work at the Go-kart Track

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In order to assist in arranging interviews please indicate when your School Winter Break is, and/or other suitable February or March times you are available for an interview, as well as an address and/or phone number and the time of day that is the best time to reach you: _____

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Personal References (Do not use relatives. Use employers, teachers, ministers, etc.)

NAME	ADDRESS	OCCUPATION	PHONE #

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To assist us in finding the proper position for you in our Corporation, use the space below to summarize any additional information describing your qualifications, other experiences, hobbies or skills -- Attach resume if preferred.

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I understand and agree that employment and continuing employment are conditional upon:

- A. Observance of rules, regulations and instructions governing employment by the Corporation as in effect at the time of employment, or established at any subsequent time;
- B. Enrollment in such benefit and pension plans as may be obligatory for Corporation employees;
- C. Fulfilling the requirements of any medical examinations required by the Corporation;
- D. The verification of statement made by me in this application;
- E. The satisfactory completion of a probationary period of employment;
- F. Attend all scheduled Occupational Health & Safety Training;
- G. Submit a current (within the past three months) Criminal Record Check to the Human Resources Department upon final offer of employment.

I certify that I am legally entitled to work in Canada. Signature: _____ Date: _____

Personal Information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used to determine eligibility for employment. Questions about this collection of personal information should be directed to the Freedom of Information Coordinator, Brantford City Hall, 100 Wellington Square, Brantford, PO Box 818, N3T 5R7.