



TOWN OF DEEP RIVER
APPLICATION FOR EMPLOYMENT

PLEASE PRINT- IF YOU ARE APPLYING FOR AN AQUATIC POSITION, PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM

Name: _____

Permanent Address (include P.O Box): _____

Present Address:(if not same as above) _____

Telephone:() _____ **E-mail Address:** _____

EDUCATION: _____

Please circle the position you are applying for:

COMMUNITY POOL -Pool Instructor-Guard /Maintenance DEEP RIVER ARENA - Arena Worker

Specific training and experience relating to the job for which you are applying.

List all other previous work experience and volunteer experience.

Formal training in first aid (name course): _____

List two references on application form: to include name, address, phone number, occupation.

Personal Information submitted in response to this application is collected under authority of the Municipal Act, 2001, S.O.2001, c.25 and will be used to determine eligibility for employment. Questions about this collection of personal information should be addressed to the undersigned.

I certify that all information contained in this application is true and complete, to my knowledge. I understand that any omission, misrepresentation or false information on this application form may disqualify me from my employment or cause my immediate dismissal.

Date: _____ **Signature:** _____

Successful candidates who are given a conditional offer of employment may need to submit a criminal record check and a medical examination..

Return with resume to: Shelly Cull, Recreation Manager, The Town of Deep River, Box 400,
Deep River, Ontario KOJ 1P0
584-2000 ext 104, Email- scull@deeriver.ca

AQUATIC QUALIFICATIONS

Please check mark which position you are interested in:

Lifeguarding _____

Instructing _____

Maintenance _____

	Original Cert Month/Year	Month of last current month	Certification I.D. Number
Bronze Medallion	_____	_____	
Senior Resuscitation	_____	_____	
Bronze Cross	_____	_____	
Distinction	_____	_____	
LSS Diploma	_____	_____	
RC Leader	_____	_____	_____
RC Inst	_____	_____	_____
LSS Inst	_____	_____	_____
Examiners LSS (state level)	_____	_____	
NLS - Pool	_____	_____	
-Waterfront	_____	_____	
I Can Swim Inst	_____	_____	
SCUBA*	_____	_____	_____
Standard First Aid	_____	_____	_____
First Aid Inst* _____	_____	_____	_____
CPR*	_____	_____	_____
CPR Inst or Inst Training	_____	_____	_____
NLS Inst	_____	_____	_____
Water Safety Inst Trainer*	_____	_____	_____
LSS Inst Trainer*	_____	_____	_____

*specify type of award or level

Photocopies of lifeguard, first aid and instructor certification must accompany this application.

I certify that all the information on this application is a true and accurate account of my aquatic qualifications.

Date: _____ Signed: _____