



Application for Seasonal Full & Part-Time Employment



Return completed applications to main Office, Oshawa Ski Club
or by email to: admin@oshawaskiclub.com

Position Applied For							
First Choice			Second Choice				
Third Choice			Date Available				
Hours Available							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
From	From	From	From	From	From	From	
To	To	To	To	To	To	To	
PERSONAL							
Family Name		First		Home Telephone		Business Telephone	
Address		City		Province	Postal Code	Length of Time	
Address		City		Province	Postal Code	Length of Time	
Are you between 18 and 65 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you previously worked for the Oshawa Ski Club? (If yes, list below Area(s) and date(s) of employment)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Area		Date		Area		Date	
Do you possess a valid Ontario Driver's Licence?			<input type="checkbox"/> Yes, class _____		<input type="checkbox"/> No		
If required, do you have full time use of a vehicle?			<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Have you been convicted of an offence under the criminal code for which no pardon has been granted? (If yes, give details)						<input type="checkbox"/> Yes <input type="checkbox"/> No	
To determine your qualification for employment, please provide below and on the reverse, information related to your academic and other achievements, skills, as well as employment history. Additional information on a resume may be attached.							
						Have you attached additional material? Yes <input type="checkbox"/> No <input type="checkbox"/>	
EDUCATION							
Education Background	Circle Last Year Completed					List Pertinent Information (e.g. courses, faculty, diploma/degree)	Did you Graduate?
	1	2	3	4	5		
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
College	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
University	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No
List any other of the following achievements:							
Licences	Certificates	Professional Qualifications	Courses	Seminars	Workshops		
SKILLS							
Describe any of your work related skills, activities, experience or training that relate to the position being applied for:							

EMPLOYMENT HISTORY			
Present Employer		Business	
Address		City	Province Postal Code
Position Held		Reason for Leaving	
Supervisor & Title		Telephone ()	
Employment From (yy/mm)	To Present	Start Salary \$ per	Current Salary \$ per
Duties		May we contact this employer/supervisor prior to hiring? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prior Employer		Business	
Address		City	Province Postal Code
Position Held		Reason for Leaving	
Supervisor & Title		Telephone ()	
Employment From (yy/mm)	To Present	Start Salary \$ per	Current Salary \$ per
Duties			
Second Prior Employer		Business	
Address		City	Province Postal Code
Position Held		Reason for Leaving	
Supervisor & Title		Telephone ()	
Employment From (yy/mm)	To Present	Start Salary \$ per	Current Salary \$ per
Duties			
DECLARATION			
Information provided in this application for employment is treated confidentially. Review all the information you have provided since it will be used to determine your suitability for employment. Date and sign the declaration below. Thank you for your interest in employment with the Oshawa Ski Club.			
I certify that the statements made by me are true and complete to best of my knowledge. I understand that any misrepresentation made by me in connection with this application will be sufficient cause for rejection of this application or, if hired, for termination. I understand that I may be required to work shifts, weekends and holidays; that my employment will be considered temporary, and that I may be required to undergo medical examination. I authorize investigation of all statements contained in this application and release from liability any person or company furnishing such information.			
Date		Signature of Applicant	
FOR OFFICE USE ONLY			
Interview Date		Time	Interviewer
Position		Position Offered	Date
Salary \$ per		Start Date hrs. bi-weekly	