

## 2019 Summer Youth Application

The Corporation of the Municipality of Huron Shores  
7 Bridge St. P.O. Box 460 Iron Bridge, ON P0R 1H0

### APPLICANT INFORMATION

Full Name:

Permanent Address:

City:

Province:

Postal Code:

Home Phone: (    )

Alternate Phone: (    )

Email Address:

Are you a Huron Shores Resident?    Yes     No

As of July 1, 2019 will you be between 15 & 30 years of age?

Yes     No

What is your career goal?

### EDUCATION

Were you a full-time student between January and April of this year?    Yes     No

Are you intending to return as a full- time student in the next academic year (September 2019)?    Yes     No

A signed copy of the Acknowledgment of Student Status may be requested. Full-time attendance at school is defined as 3 or more courses per semester.

What is your field of study? (i.e. Program, Major, Minor) :

Circle education level you are expected to complete by May/June 2019:

University:        1    2    3    4

College:            1    2    3    4

High School:      9    10    11    12

Other:

### QUALIFICATIONS

Do you have a current valid Ontario Driver's Licence?    Yes     No

If Yes, please circle classification:    A    D    F    G1    G2    G    Other:

### AVAILABILITY

Date available for summer student employment:

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Our positions may require evening, weekend and/or split shifts. Are you willing to work these types of shifts?

Yes  No

Are there any times during the summer that you will require off?

Yes  No

If 'yes' to either of the above questions, please explain:

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**EXPERIENCE (PLEASE CHECK AND EXPLAIN ALL THAT APPLY)**

<input type="checkbox"/> Clerical	
<input type="checkbox"/> Customer Service	
<input type="checkbox"/> Cash Handling	
<input type="checkbox"/> Computers	
<input type="checkbox"/> Equipment/Vehicle Operation	
<input type="checkbox"/> House Keeping	
<input type="checkbox"/> Labour (i.e. Yard Maintenance, Painting)	
<input type="checkbox"/> Other	

**EMPLOYMENT HISTORY**

Employer: \_\_\_\_\_ From: (MM/DD/YYYY) To: (MM/DD/YYYY)

Duties/Responsibilities:

Reason for Leaving?

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**EMPLOYMENT HISTORY (CONT.)**

Employer: \_\_\_\_\_ From: (MM/DD/YYYY) To: (MM/DD/YYYY)

Duties/Responsibilities:

Reason for Leaving?

Employer: \_\_\_\_\_ From: (MM/DD/YYYY) To: (MM/DD/YYYY)

Duties/Responsibilities:

Reason for Leaving?

Employer: \_\_\_\_\_ From: (MM/DD/YYYY) To: (MM/DD/YYYY)

Duties/Responsibilities:

Reason for Leaving?

**CURRENT CERTIFICATES**

First Aid/CPR  Expiry Date: \_\_\_\_\_

WHMIS 2015  Expiry Date: \_\_\_\_\_

Other  \_\_\_\_\_  
\_\_\_\_\_ Expiry Date: \_\_\_\_\_

Should the Corporation wish to verify and receive comments about my employment, I hereby approve of this requirement and authorize any previous employers and/or current employers to release to the Corporation any and all information regarding my employment, as requested by the Corporation, and I further agree that no liability or damage shall accrue to either the Corporation or previous employer(s) as a consequence of this release of information. I certify that all of the above statements made by me are true, with the full knowledge and understanding that if it is found I have falsified this application, such application will constitute full and sufficient grounds for dismissal from the employ of the Corporation.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Personal information on this form is collected under the authority of the *Municipal Act*, R.S.O. 2001 and will be used to determine eligibility for employment. Questions about this collection of personal information should be directed to:

Deborah Tonelli, Clerk/Administrator  
P.O. Box 460, 7 Bridge St.  
Iron Bridge, ON P0R 1H0  
Phone: 705-843-2033 Fax: 705-843-2035

While all applications will be reviewed, only those students selected for an interview will be notified.

### **PLEASE SUBMIT THE FOLLOWING WITH YOUR SUMMER STUDENT APPLICATION:**

- Cover Letter (identifying the position you are interested in, why it interests you and your qualifications for the position); and
- Resumé