2024 Summer Student Application

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

APPLICANT INFORMATION Full Name: Permanent Address: City: Province: Postal Code: Home Phone: () Alternate Phone: () **Email Address:** No \square Yes □ Are you a Huron Shores Resident? As of July 1, 2023 will you be between 15 & 30 years of age? Yes No \square What is your career goal? **EDUCATION** To qualify for the Student position, as of January 1, 2024 you must have been a full time student January to April 2024, and be intending to return to school on a full-time basis during the next academic year. This is a requirement for the position and 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. Are you a full-time student? Yes \square No \square What is your field of study? (i.e. Program, Major, Minor): Circle education level you are expected to complete by May/June 2024: University: 1 2 3 2 College: 1 3 4 High School: 10 11 12 9 Other: Are you returning to full-time school attendance in September 2024? Yes No QUALIFICATIONS Do you have a current valid Ontario Driver's Licence? Yes No If Yes, please circle classification: Α D F G1 G2 G Other: AVAILABILITY Date available for summer student employment:

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Our positions may require evening and weekend shirts. Are you available during these times? Yes No		
EXPERIENCE (PEASE CHECK AND EXPLAIN ALL THAT APPLY)		
☐ Clerical		
☐ Customer Service		
☐ Cash Handling		
☐ Computers		
☐ Equipment/Vehicle Operation		
☐ House Keeping		
Labour (i.e. Yard Maintenance, Painting)		
Other		
EMPLOYMENT HISTORY		
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?		
Fording	_	
Employer:	From: (MM/DD/YYYY)	To: (MM/DD/YYYY)
Duties/Responsibilities:		
Reason for Leaving?		

CURRENT CERTIFICATES		
First Aid/CPR	Expiry Date:	
WHMIS	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:	
Personal information on this form is collected under the authority of the <i>Municipal Act</i> , R.S.O. 2001 and will be used to determine eligibility for employment. Questions about this collection of personal information should be directed to: Natashia Roberts, CAO/Clerk P.O. Box 460, 7 Bridge St. Iron Bridge, ON POR 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 positions for the 	tion you are interested in, why it interests e position); and	
□ Resumé		