

### 2026 Summer Employment 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, 2026 will you be between 15 & 30 years of age?

Yes      No

What is your career goal?

#### EDUCATION

To qualify for the Student position, as of January 1, 2026 you must have been a full time student January to April 2026, 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      No

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

Circle education level you are expected to complete by May/June 2026:

University:     1    2    3    4

College:     1    2    3    4

High School:     9    10    11    12

Other:

Are you returning to full-time school attendance in September 2026?

Yes      No

#### 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 and weekend shifts. Are you available during these times?  
Yes  No

**EXPERIENCE (PLEASE 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: \_\_\_\_\_ To: \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

Duties/Responsibilities:

Reason for Leaving?

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

Duties/Responsibilities:

Reason for Leaving?

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

Natashia Roberts, CAO/Clerk  
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