



1975 Bee Street,
 Victoria, BC V8R 5E6
 250-595-7946 FAX: 250-370-7127
 www.recreation.oakbay.ca

Parks and Recreation Application for Employment

(Attach resume and cover letter)

**Please print legibly and provide complete information to every question.
 Information provided will remain confidential**

Position applying for: _____

Complete one application form for each position for which you are applying

How did you learn of this position?: _____

Last Name	Given Name and Initial	E-mail address:
Street Address	City / Town	Postal Code
Home Phone #:	Cell phone or Message #	

Are you 15 – 18 years? 19 – 65 years?

Yes No Are you legally eligible to work in Canada?

Yes No Are you a present or past employee of Recreation Oak Bay?
 Location: _____ Date: _____

Yes No Do you have relatives that work for the Corporation of the District of Oak Bay? If yes, state name(s) and relationship: _____

Yes No Do you have any disability or health condition which may interfere with your ability to perform the duties of the position applied for?
 If yes, please explain: _____

Yes No Do you have current First Aid certification?
 Type _____ Expiry _____

Yes No Do you have current CPR certification?
 Type _____ Expiry _____

Yes No Do you hold a valid B.C. Driver's Licence? Class # _____

Please indicate the type of work you are interested in obtaining:

Full time Part time

Please indicate the dates and times you are available to work:

	Morning	Afternoon	Evening
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thurs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Any additional information about your availability:

Education	Name of Institution	Grade / Year Completed	Certificate / Diploma Received	Dates Attended
High School		10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		
College		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
University		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		
Other		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		

Other Relevant Courses, Training or Certifications

List relevant training, courses, apprenticeships or educational programs you have taken. Please include dates of completion and expiry dates of certifications. (e.g. ECE, Foodsafe, NLS, WSI, etc.)

LAST OR PRESENT EMPLOYER		
Name of Business	Address of Business	
Type of Business	Supervisor 's Name and Title	Business #
Your Job Title	Dates of Employment (from / to)	
Job Duties and Responsibilities		
Reason for Leaving	May we contact your present supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
PAST EMPLOYMENT		
Name of Business	Address of Business	
Type of Business	Supervisor 's Name and Title	Business #
Your Job Title	Dates of Employment (from / to)	
Job Duties and Responsibilities		
Reason for Leaving	May we contact your supervisor for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

REFERENCES:		
References should be former supervisors or work associates, fully familiar with your education and experience		
Name	Phone #	Relationship
1.		
2.		
3.		
I consent to Recreation Oak Bay conducting past work performance and reference checks.		
I understand that this information will be used to determine eligibility. Yes <input type="checkbox"/> No <input type="checkbox"/>		

COMMENTS: What abilities, skills or special qualities do you feel you possess that are relevant to the position for which you are applying at Recreation Oak Bay? Please note additional activities / interests / associations.

I hereby certify that the answers given by me in this application are true and complete. I understand and agree that if any of such answers are at anytime found to be false, the Corporation of the District of Oak Bay may, at its option and its sole discretion, terminate my employment. Upon employment with Recreation Oak Bay, I hereby agree to become a member of the union, CUPE local 374, as outlined in the current collective agreement.

Date: _____ Applicant's Signature _____

The information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (Section 27). It is required for the recruitment and selection of employees and is used to record information about applicants and as a basis for determining employment suitability. In the case of successful applicants, the information will be retained by the Human Resources department.

If you have any questions about the collection and use of this information, please contact the Human Resources department.