

# **Application Instructions:**

## **PLEASE NOTE:**

The attached Application Form and Release of Information Letter **Must** be completed in full and returned to the District of Sparwood Main Office.

The Release of Information Letter that is attached is extremely important and it is your responsibility to have it completed in full. We have encountered problems with the Universities and Colleges refusing to release information to us without written consent from the Students. This is a requirement under the Freedom of Information and Protection of Privacy Act.

Applications that are filled out incorrectly may be removed from the selection process. If you have any questions regarding the Release of Information Letter or any part of the Application Form please do not hesitate to call our payroll office at:

Telephone: (250) 425-6271

Fax: (250) 425-7277

E-Mail: [mjosay@sparwood.bc.ca](mailto:mjosay@sparwood.bc.ca)

**PLEASE NOTE THAT DEADLINE TO SUBMIT APPLICATIONS IS:**

**FRIDAY, MARCH 26<sup>TH</sup>, 2010 AT 4PM**

**DRAW DATE WILL BE MONDAY, MARCH 29<sup>TH</sup>, 2010**

**SCHEDULED EMPLOYMENT START DATES: MAY 10, 2010**

**SCHEDULED EMPLOYMENT END DATES: SEPTEMBER 10, 2010**

Thank you

**DISTRICT OF SPARWOOD  
STUDENT EMPLOYMENT APPLICATION FORM**

**DATE:** \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Student ID. #: \_\_\_\_\_

**Permanent Sparwood Address: If still in attendance at school please provide:**

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Birth Date (dd/mm/yr): \_\_\_\_\_ Fax #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Class #: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**You must provide a copy of the front and back of your Driver's License and attach it to this application**

If you are still in School please provide a contact Phone #: \_\_\_\_\_

**Position You Are Applying For:** \_\_\_\_\_

School You Are Presently Attending: \_\_\_\_\_

Grade/Year of Program (i.e. 2 of 4): \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

Returning to School in the Fall (Y/N)? \_\_\_\_\_ Where? \_\_\_\_\_

Are You Willing to Work Full Time (Y/N)? \_\_\_\_\_ Are There Dates You Need Off(Y/N)? \_\_\_\_\_

If YES Please Provide the Dates: \_\_\_\_\_

Date Available To Start Work: \_\_\_\_\_ Last Day Available for Work: \_\_\_\_\_

Are You Legally Entitled to Work in Canada (Y/N)? \_\_\_\_\_

Have You Previously Been Employed by the District of Sparwood (Y/N)? \_\_\_\_\_

If So, Please State When and in Which Department: \_\_\_\_\_

Are You Directly Related to any District of Sparwood Employees or Members of Council? \_\_\_\_\_

If So, Please State Who: \_\_\_\_\_

If You Are Successful in This Application, Do You Intend to Work Elsewhere (Y/N)? \_\_\_\_\_

If YES, Please Provide the Details: \_\_\_\_\_

Are there medical or physical restrictions that would prevent you from performing physical Labour (Y/N)? \_\_\_\_\_ If So, Please Specify: \_\_\_\_\_

What Attributes Do You Have Which Make You Feel You Are Suited For the Job Applied?

Do You Have Any Additional Certifications That You Feel Would Help You in This Position?

**LIST BELOW PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT:**

NAME & ADDRESS OF COMPANY \_\_\_\_\_ FROM: \_\_\_\_\_  
 \_\_\_\_\_ TO: \_\_\_\_\_  
 \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF WORK YOU DID: \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_ NAME & ADDRESS OF SUPERVISOR \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME & ADDRESS OF COMPANY \_\_\_\_\_ FROM: \_\_\_\_\_  
 \_\_\_\_\_ TO: \_\_\_\_\_  
 \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF WORK YOU DID: \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_ NAME & ADDRESS OF SUPERVISOR \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*  
 NAME & ADDRESS OF COMPANY \_\_\_\_\_ FROM: \_\_\_\_\_  
 \_\_\_\_\_ TO: \_\_\_\_\_  
 \_\_\_\_\_

DESCRIBE IN DETAIL THE TYPE OF WORK YOU DID: \_\_\_\_\_  
 \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_ NAME & ADDRESS OF SUPERVISOR \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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MAY WE CONTACT THE EMPLOYERS LISTED ABOVE? \_\_\_\_\_ IF NOT, INDICATE WHICH ONE(S) YOU DO NOT WISH US TO CONTACT: \_\_\_\_\_

**REFERENCES: PLEASE LIST THREE REFERENCES OTHER THAN FRIENDS AND RELATIVES:**

NAME	PHONE NUMBER	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

*The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my educational and employment history. The personal information requested on this form is collected for the sole purpose of potential employment with the District of Sparwood. Any questions you have on how the FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT applies to the personal information collected on this form should be directed to: Sandy Hansen, Freedom of Information Co-ordinator, 136 Spruce Avenue, Sparwood, B.C. V0B 2G0.  
 (TEL: 250 - 425-6271) (FAX: 250 - 425-7277) (E-Mail: [mjosay@sparwood.bc.ca](mailto:mjosay@sparwood.bc.ca))*

**Signature of Applicant:** \_\_\_\_\_

**PLEASE NOTE: THIS APPLICATION IS ONLY VALID FOR THE CURRENT YEAR**

# RELEASE OF INFORMATION LETTER

DATE: \_\_\_\_\_

TO: \_\_\_\_\_  
(COLLEGE/UNIVERSITY/SCHOOL)

**ATTENTION: REGISTRAR'S OFFICE**

FROM: \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
(STUDENTS NAME)

**RE: Confirmation of Full Time Enrollment Sept. 2009 to April, 2010 and confirmation of Students Permanent mailing address supplied at time of enrollment**

Please accept this as my authorization to release the above noted information to the District of Sparwood.

This information is required under their student hiring policy for Summer Employment.

Would you please complete the following information and either telephone or Fax it to:

The District of Sparwood  
Attn: Maureen Josay, Payroll Department  
Telephone: 1-250-425-6271  
Direct Line: 1-250-425-6816  
Fax: 1-250-425-7277  
E-Mail mjosay@sparwood.bc.ca

That I was a Full time Student from September, 2009 to December, 2009; \_\_\_\_\_

That I was a Full time Student from January, 2010 to April, 2010; and \_\_\_\_\_

That I have made application or that I am eligible to return in Sept, 2010 \_\_\_\_\_

**Permanent mailing address supplied by student at time of enrollment was:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Thank you.

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
SIGNATURE OF REGISTRAR'S OFFICE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE