Village of New Maryland



SUMMER STUDENT EMPLOYMENT APPLICATION FORM

Office Use Only: Date Received:

Application Deadline: Monday, March 25, 2024 at 4:30 pm

Mailing Address: 584 New Maryland Highway, New Maryland, NB, E3C 1K1 Or e-mail to Michelle Sawler, Recreation Coordinator – <u>michelle.sawler@vonm.ca</u>

<u>Please Print, Complete and Return Application Form (drop off, mail or e-mail)</u> **Please attach a copy of your resume AND a copy of certifications/training credentials.**

Position(s) applying for (specify in preferred order, if applicable). In 2024, the Village will be hiring the following summer student positions: Day Camp Counsellors, Recreation Maintenance Labourers and Public Works Maintenance Labourers (see individual job descriptions). Please note proof of COVID-19 vaccination is a requirement of employment.

(1)			
(2)			

(3) _____

Available Start Date for Summer Employment: _____

Personal Information:

Family Name	First	Second	
Mailing Address			
City/Village	Province	Postal Code	
Home Phone Number	Cell Phone Number	E-mail Address	
Language(s) Spoken: Language(s) Written:	English French English French	Other (please specify): Other (please specify):	

Education:

EDUCATION	CURRENT GRADE OR YEAR	NAME & ADDRESS OF INSTITUTION	MAJOR
High School			
College			
University			
Other			

Were you a student during the past school year (2023-2024)? ______ Will you be returning to school in the fall 2024? _____

Training/Certifications:

Do you have a valid Driver's License?	Do you have access to a vehicle?
Do you have a current certificate in Standard First	Aid & CPR? If Yes, year attained:
Do you have any other relevant training or certific	ation for the position being applied for? Yes / No
If yes, (also, pleas	se attach a copy to your application)

Employment History:

Please record in sequence beginning with present or most recent employer.

Employer's Name:	Position Held:
Employer's Phone Number:	Your Duties:
Supervisor's Name:	
Duration of Employment:	
Reason for Leaving:	
Employer's Name:	Position Held:
Employer's Phone Number:	Your Duties:
Supervisor's Name:	
Duration of Employment:	
Reason for Leaving:	
Employer's Name:	Position Held:
Employer's Phone Number:	Your Duties:
Supervisor's Name:	
Duration of Employment:	
Reason for Leaving:	

Were you previously employed by the Village of New Maryland? _____ If Yes, when? _____

References - Please provide two, with at least one work reference (if applicable):

(1) Name:	(2) Name	
Affiliation:	Affiliation:	
Phone #	Phone #:	
E-mail:	E-mail:	

DO YOU REQUIRE ANY TIME OFF THIS SUMMER? *IF YES, YOU MUST INDICATE ANY DATES (WEEKDAYS) BELOW.* These times <u>must</u> be approved prior to commencement of work:

I certify that the statements made in this application are true and complete to the best of my knowledge. I am aware that misrepresentation or falsification may result in rejection of my application or dismissal from employment.

Date: _____

Signature:_____

<u>Please note</u>: if you are selected for an interview, you will be contacted by the Recreation Coordinator no later than Friday, April 5th.