



**CITY OF BATHURST**  
**APPLICATION FOR STUDENT (SUMMER) EMPLOYMENT**

**PLEASE NOTE: APPLICATIONS MUST BE RECEIVED BY THE LAST FRIDAY IN APRIL. APPLICATIONS RECEIVED AFTER THIS DATE WILL BE ACCEPTED; HOWEVER, CONSIDERATION WILL BE GIVEN TO THESE ONLY IF SUITABLE CANDIDATES ARE NOT FOUND FROM AMONG THOSE RECEIVED BY THE SPECIFIED DEADLINE.**

**PERSONAL DATA**

SURNAME

FIRST

MIDDLE

CURRENT STREET ADDRESS:

Number and Street

City and Province

Postal Code

CURRENT PHONE NUMBER:

PERMANENT STREET ADDRESS (if different from above):

Number and Street

City and Province

Postal Code

PERMANENT PHONE NUMBER (if different from above):

NAME OF PARENT OR GUARDIAN:

PERMANENT STREET ADDRESS OF PARENT OR GUARDIAN:

Number and Street

City and Province

Postal Code

LANGUAGES SPOKEN

LANGUAGES READ

LANGUAGES WRITTEN

HOBBIES, INTERESTS AND ACTIVITIES

**CURRENT EDUCATIONAL STATUS**

ARE YOU CURRENTLY A FULL-TIME STUDENT? YES      NO

ARE YOU RETURNING TO SCHOOL ON A FULL-TIME BASIS IN THE UPCOMING ACADEMIC YEAR?  
YES      NO

**EDUCATION COMPLETED**

AS OF THIS DATE, I HAVE COMPLETED GRADE      IN SCHOOL.

(IF APPLICABLE): AS OF THIS DATE, I HAVE COMPLETED YEAR OF UNIVERSITY/COLLEGE.  
FIELD OF STUDY

OTHER COMMENTS/INFORMATION REGARDING EDUCATION/TRAINING:

**ACADEMIC HONOURS, SCHOLARSHIPS, AND AWARDS**

**SUBJECTS ENJOYED MOST**

**PREVIOUS EMPLOYMENT (STARTING WITH THE MOST RECENT)**

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE A SEPARATE SHEET OF PAPER.

COMPANY:

ADDRESS:

PHONE NUMBER:

YOUR SUPERVISOR:

EMPLOYED FROM TO

RESPONSIBILITIES:

REASON FOR LEAVING:

COMPANY:

ADDRESS:

PHONE NUMBER:

YOUR SUPERVISOR:

EMPLOYED FROM TO

RESPONSIBILITIES:

REASON FOR LEAVING:

COMPANY:

ADDRESS:

PHONE NUMBER:

YOUR SUPERVISOR:

EMPLOYED FROM TO

RESPONSIBILITIES:

REASON FOR LEAVING:

**EQUIPMENT OPERATED (INCLUDE APPROXIMATE TOTAL HOURS)**

**INTERESTS**

TYPE OF EMPLOYMENT MOST INTERESTED IN:

**OTHER EMPLOYMENT**

DO YOU HAVE OTHER EMPLOYMENT FOR THIS SUMMER? YES NO  
IF YES, APPROXIMATE NUMBER OF HOURS PER WEEK:

**REFERENCES**

PLEASE PROVIDE TWO REFERENCES (NON-RELATIVES):

NAME

ADDRESS

PHONE NUMBER

NAME

ADDRESS

PHONE NUMBER

**MISREPRESENTATION OF INFORMATION IN THIS APPLICATION WILL BE JUST CAUSE  
FOR IMMEDIATE DISMISSAL. INCOMPLETE APPLICATIONS MAY NOT BE GIVEN  
CONSIDERATION.**

SIGNATURE

DATE

Please forward completed City of Bathurst application form to:

**In Person:**

Bathurst City Hall  
150 St George Street  
Bathurst NB

**By Mail:**

City of Bathurst  
Attention: Administrative Services  
150 St George Street  
Bathurst NB  
E2A 1B5

Phone: (506) 548-0400

Fax: (506) 548-0581