

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, SCHOLASHIPS, AND AWARDS

SUBJECTS ENJOYED MOST

PREVIOUS EMPLOYMENT (STARTING WITH 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