





Department of Youth, Sports & Recreation

**CPR and FIRST AID**

NOTE: Valid CPR and FIRST AID certification is a requirement for employment with the Summer Day Camp Programmes. A copy of the CPR and FIRST AID certification must be presented with the application form.

- Do you have a valid CPR certification? Yes  No  Expire Date .....
- Do you have a valid FIRST AID certification? Yes  No  Expire Date .....

**EDUCATION (TO BE COMPLETED BY APPLICANT IN FULL)**

NOTE: The Department of Youth, Sport and Recreation must be provided with copies of all stated qualifications.

Schools, Colleges, Universities Attended	Subject Major	Full/Part Time	Graduation Date

Please list here any additional courses, workshops etc., undertaken in the last five (5) years that are relevant to the position applied for – in particular: swimming/lifeguard, computers, first aid, arts craft, physical education & games, child care/development, recreation, dance, etc.

Organizing Body Name and Address	Full/Part Time	Date Attended



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EMPLOYMENT (Please state if you have worked with the Department before.)

Name and Address of Employer	Position Held	Dates	Reason for Leaving

GENERAL

1. During the last two years, how much time have you lost from work or school because of illness? \_\_\_\_\_

Have you ever suffered from any physical or nervous trouble? Yes  No

If "Yes" please state illness and give details of any periods spent in the hospital. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you presently under a doctor's care or have any physical defects which may preclude you from certain kinds of work? Yes  No

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged, or resigned from employment? Yes  No

Was your conduct satisfactory? Yes  No

Was your work satisfactory? Yes  No

Have you ever been convicted by any court of law? Yes  No

If "Yes" please give details. \_\_\_\_\_  
\_\_\_\_\_

Will you require GEHI (Government Health Insurance) coverage if you are successful?

a) Yes

b) No  please list the name of the person and Insurance Company with whom you are insured under (i.e. Parent or spouse) \_\_\_\_\_



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**CHARACTER REFERENCES**

Provide TWO references, NOT relatives, employers, or members of the legislature – whom have known you for at least, the last three (3) years, and WHO HAVE AGREED to give written references.

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

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

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_ Years Known: \_\_\_\_\_

**ADDITIONAL INFORMATION**

- Please state in your own words, why you are an application for this post mentioning and specific achievements or personal qualities which you think may support your candidature. (Please add additional sheets if needed.)

