

## APPLICATION FOR SUMMER EMPLOYMENT

Previous employment with the Department of Youth, Sports and Recreation will not guarantee future employment.

POSITION APPLIED FO	OR:				
Post/Title:					
PERSONAL DETAILS:	Mr. □ M	iss. □ Mrs. □ N	∕Is. □		
Name:					
Surname		First			iddle
Age: D.O.B.: _				Social Ins	s.#:
	Day	Month	Year		(18 yrs & older)
Address:					
Apt/House No:	St	reet Name		Parish	Postal Code
Mailing Address:					
PO	Box	Par	ish		Postal Code
Telephone No: Home:		_Work:		Cell:_	
Email Address:					
Person to be notified in o	case of an em	ergency:			
Name:			Relatio	nship: _	
Address					
Apt/House No:		reet Name		Parish	Postal Code
Telephone No: Home:		_Work:		Cell:_	
ARE YOU BERMUDIAN	<u>√?</u> YES □ N	NO 🗆			
If No, please state nationa	lity:				
a) Were you born	n in Bermuda?		Yes 🗆	No 🗆	
b) Are you the sp	ouse of a Berr	nudian?	Yes 🗆	No □	
c) Do you have a	permit to see	k employment?	Yes 🗆 🛚	No □ (If	yes, please attach copy of permit)



## 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.

preser	nted 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		
EDUC	CATION (TO BE COMPLETED BY APPLICANT	IN FULL)		
NOTE: The Department of Youth, Sport and Recreation must be provided with copies of				
all sta	ted 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



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

Name and Address of Employer	Position Held	Dates	Reason	for Leav
GENERAL				
1. During the last two years, how mu	ch time have vou lost	from work o	r school beca	nuse of
illness?	•	irom work o		
Have you ever suffered from any physi	cal or nervous trouble	e? Yes [	☐ No	
If "Yes" please state illness and give de	tails of any periods sr	ent in the ho	spital.	
1	71 1		1	
Are you presently under a doctor's c	are or have any phys	sical defects	which may J	preclude
you from certain kinds of work?	Yes □ No □			
, -	Yes □ No □		which may p	
you from certain kinds of work?	esigned from employ			No l
you from certain kinds of work?  Have you ever been discharged, or re	esigned from employ		Yes 🗖	No l
you from certain kinds of work?  Have you ever been discharged, or reward was your conduct satisfactory.	esigned from employ		Yes 🗆	No l No l
you from certain kinds of work?  Have you ever been discharged, or reward was your conduct satisfactory.  Was your work satisfactory?	esigned from employ  court of law?	ment?	Yes U Yes U Yes U Yes U	No l No l No l
you from certain kinds of work?  Have you ever been discharged, or reward was your conduct satisfactory?  Was your work satisfactory?  Have you ever been convicted by any	esigned from employ  court of law?	ment?	Yes  Yes  Yes  Yes  Yes	No I No I No I
you from certain kinds of work?  Have you ever been discharged, or reward was your conduct satisfactory?  Was your work satisfactory?  Have you ever been convicted by any of the convicted by any of	esigned from employ  court of law?	ment?	Yes  Yes  Yes  Yes  Yes	No I No I No I



## **CHARACTER REFERENCES**

known you for at least, the last three (	ves, employers, or members of the legislature – whom have (3) years, and <u>WHO HAVE AGREED</u> to give written		
references. Name:	Name:		
Address:			
Telephone:	Telephone:		
Occupation:	Occupation:		
Years Known:	Years Known:		
specific achievements or p	vords, why you are an application for this post mentioning and ersonal qualities which you think may support your dditional sheets if needed.)		



I certify, to the best of my knowledge, that the information contained in this application is a true and factual record.

- ❖ I understand that should the information provided prove to be incorrect or misleading, then the appointment, whether offered or in fact in effect, may be cancelled.
- ❖ I authorize, the Department of Youth Sport and Recreation to investigate all statements in this application, and to contact all employers, references and Police.

Date			
Day	y Month	Year	Signature of Application