



Camp Weredale Employment Application Form



Personal Information

Position Applying for	1 st choice		2 nd choice		Date	
First Name				Last Name		
Street Address				Phone Number (Home)		
				Phone Number (Other)		
City				E-mail Address		
Postal Code				Emergency Contact (name, relation & number)		
Date of Birth (yyyy-mm-dd)				Age		Gender
Languages (fluent/professional/limited)	English		French		Other(s) (specify)	
Are you a citizen of Canada (yes/no)?			If no, are you authorized to work in Canada?			
Have you ever worked or attended Camp Weredale (yes/no)?			If yes, when?			
Have you ever been convicted of a felony (yes/no)?			If yes, explain			

Education

1.	High School (name)					
	From		To		Did you graduate (yes/no)?	Degree
2.	CEGEP (name)					
	From		To		Did you graduate (yes/no)?	Degree
3.	University (name)					
	From		To		Did you graduate (yes/no)?	Degree
4.	Other (specify)					
	From		To		Did you graduate (yes/no)?	Degree

Certifications

(yes/no)(if yes, please include expiration date and enclose copies with this application)

Standard First Aid		CRAC or ORCA I	
CPR		White Sail IV or V	
Bronze Cross		Wilderness First Responder	
National Lifeguard		Other (specify)	

Work Experience
(indicate the three most recent)

1.	Organization		Role		From		To	
	Duties and Responsibilities							
	Reason(s) for leaving							
2.	Organization		Role		From		To	
	Duties and Responsibilities							
	Reason(s) for leaving							
3.	Organization		Role		From		To	
	Duties and Responsibilities							
	Reason(s) for leaving							

Volunteer Experience
(indicate the three most recent)

1.	Organization		Role		From		To	
2.	Organization		Role		From		To	
3.	Organization		Role		From		To	

Hobbies/Interests

1.	
2.	
3.	

References

Full Name		Relationship	
Phone Number			
Full Name		Relationship	
Phone Number			
Full Name		Relationship	
Phone Number			

SIN (to be completed when hired):

Please submit to campwaredale@hotmail.com