



Town of Port Hawkesbury Student Employment Application

GENERAL INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE: _____

SKILLS TRAINING:

Please specify any skills or training you may have which you would like to be taken into consideration.

Education:

Highest Level Completed: _____ Date Completed: _____ Field of Study: _____

Business/Vocational: _____ Date Completed: _____ Field of Study: _____

Post-Secondary School: _____ Date Completed: _____ Field of Study: _____

School Attended 2017/2018: _____

School Attending 2018/2019: _____

Please state the name of school, date, and course of study.

Work History:

Name and Address of Employer	Position	Dates of Employment	Salary	Reason for Leaving

Comments: _____

References:

Name two people who know you and your capabilities and to whom we may refer in confidence.

Name	Occupation	Telephone

Disclaimer:

The above information is true and complete and true to the best of my knowledge.

Signature _____