



CORPORATION OF THE TOWN OF DEEP RIVER
PUBLIC WORKS DEPARTMENT
APPLICATION FOR SUMMER STUDENT EMPLOYMENT

PLEASE PRINT

Name: _____
Permanent Address (Include P.O. Box) _____
Present Address (If not same as above) _____
Telephone: () _____ E-Mail Address: _____

Education: Full time Student: Yes No Highest grade level achieved: _____

Type of Course: _____

Specific training/experience relating to the job you are applying for: _____

Previous experience with the Town of Deep River (where/when/full or part time): _____

List all other previous work/volunteer experience: _____

Please list two references (include name/address/phone #/occupation):

1. _____
2. _____

Personal information submitted in response to this application is collected under authority of the Municipal Act, 2001, S.O.2001, c.25 and will be used to determine eligibility for employment. Questions about this collection of personal information should be addressed to the undersigned.

I certify that all information contained in this application is true and complete, to my knowledge. I understand that any omission, misrepresentation or false information on this application form may disqualify me from my employment or cause my immediate dismissal.

Date: _____ Signature: _____

(Successful candidates who are given a conditional offer of employment may need to submit a criminal record check and medical examination.)

Please return Application Form with Resume to:

Bob McLaren, Public Works Manager
Town of Deep River
P.O. Box 400, 100 Deep River Road
Deep River, Ontario K0J 1P0
613.584.2000, ext. 107
E-mail to: jmellon@deepriver.ca