

**2025/2026 Fall/Winter Student Employment Application**

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| --- |
| Name:  |
| Address: |
| Phone Number:  | Email:  |
| Current Education Status:  |
| First Aid Certified: |

**Check the box of the position(s) applying for:**

|  |  |
| --- | --- |
| **Arena Worker**Oversee and maintain the arena on a nightly basis. Preforming tasks including cleaning the facility, operating the ice resurfacer, working with money and sale systems, inspecting the refrigeration system, and preforming small maintenance tasks. |  |
| **Pool and Beach Aquatic Staff (Complete Section 2)**Fulfill proper lifeguarding responsibilities and duties as well as, ensure adequate coverage while patrons are attending public access swimming programs. Assume all instructional responsibilities and duties for all registered instructional programs from infants to seniors according to the Lifesaving Society standards. Responsible for performing daily/nightly maintenance in and around the pool/beach and the change rooms.  |  |

**Sign and return with resume to:**

|  |  |
| --- | --- |
| **In person at:** Town of Deep River100 Deep River Road, P.O. Box 400Deep River ON K0J 1P0 | **By email:** **hr@deepriver.ca**Subject line should read: Private & Confidential Student Employment |

**In signing this application, I understand that any misrepresentation or false information on this application form or resume may disqualify me from my employment or cause my immediate dismissal.**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for your interest in the Town of Deep River. Only applicants selected for an interview will be contacted. Accessibility accommodations are available for all parts of the selection process. Applicants must make their needs known in advance. Information collected will be managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act.**

**Section 2**

**(To be completed for Aquatic applications only)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Date of Original Certification | Date of last Re-certification | Certification I.D. Number |
| Bronze Cross |  |  |  |
| Standard First Aid - Level “C” |  |  |  |
| NLS - Pool |  |  |  |
| NLS - Waterfront |  |  |  |
| Red Cross Water Safety Instructor |  |  |  |
| Lifesaving Instructor |  |  |  |
| Lifesaving Examiners |  |  |  |
| I Can Swim Instructor |  |  |  |
| Aqua fitness Instructor |  |  |  |
| Please specify any additional awards or certifications |  |  |  |
| **Copies of all certifications must accompany this application.** |

**I certify that the above information is a true and accurate account of my aquatic qualifications.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**