



# Town of Deep River Summer Student Application

Please attach your resume with completed application

Name:	
Address:	
Phone Number:	Email:
Current Education Status:	
Upcoming Education Plan:	

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

General Student Labourer	<input type="checkbox"/>
Marina Attendant	<input type="checkbox"/>
Facility Maintenance	<input type="checkbox"/>
Pool and Beach Aquatic Staff <b>(Complete Section 2)</b>	<input type="checkbox"/>
Administrative Assistant	<input type="checkbox"/>

Summer Program Co-ordinator	<input type="checkbox"/>
Camp Leader	<input type="checkbox"/>
Playground Leader	<input type="checkbox"/>
Ball Hockey <b>(Spring)</b>	<input type="checkbox"/>
Parent & Tot Soccer <b>(Spring)</b>	<input type="checkbox"/>

Sign and return with resume to:

The Town of Deep River  
P.O. Box 400  
Deep River ON K0J 1P0

Or

By email to [HR@deeperiver.ca](mailto:HR@deeperiver.ca)

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. Successful candidates will be required to submit a criminal records check.

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

<p><i>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.</i></p>
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## Section 2

**(To be completed for Aquatics 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			
Lifesaving Swim Instructor			
Lifesaving Instructor			
Lifesaving Examiners			
I Can Swim Instructor			
Aqua fitness Instructor			
SCUBA*			
Please specify any additional awards or certifications			
<b>Copies of all certifications must accompany this application.</b>			

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

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