



KAPUSKASING
— CLUB de GOLF CLUB —

Club de golf KAPUSKASING Golf Club

60 Government Road, P.O. Box 164, Kapuskasing, Ontario. P5N 2Y3

Telephone: (705)335-3411

E-mail: info@kapgolfclub.ca

APPLICATION FOR SUMMER EMPLOYMENT

FAMILY NAME		GIVEN NAMES	
RESIDENTIAL ADDRESS		APT.	
CITY			
PROVINCE	POSTAL CODE	HOME TELEPHONE	CELL
E-MAIL			
SELECT ALL THAT APPLY? Visible Minority <input type="checkbox"/> Indigenous <input type="checkbox"/> Person with a Disability <input type="checkbox"/> Other <input type="checkbox"/>			

PLEASE SELECT (X) POSITION(S) OF INTEREST (if you have no preference, please select all positions)

Golf Course Maintenance	<input type="checkbox"/>	Bar & Kitchen	<input type="checkbox"/>
Custodian	<input type="checkbox"/>	Club Storage	<input type="checkbox"/>
Membership/Events Coordinator	<input type="checkbox"/>	Pro Shop	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	Membership & Communications Specialist	<input type="checkbox"/>

EDUCATION (Current Year):
(High School or College or University attended)

DATE AVAILABLE FOR EMPLOYMENT:

Name of Program: _____

Program Duration (Years): _____ Years Completed: _____

Will you be returning to school in September? Yes No (proof required)

If Yes, please supply name of school: _____

List any other post-secondary education if different then above.

<u>YEAR</u>	<u>NAME OF SCHOOL</u>	<u>PROGRAM</u>	<u>YEARS COMPLETED</u>

Have you previously worked at the Kapuskasing Golf Club?

No Yes If Yes, what position: _____

Have you completed or have any of the following (check all that apply)?

WHMIS WH&S Awareness (4 Steps) Smart Serve
First Aid Drivers License(G2) Drivers License (G)

<u>OTHER PREVIOUS EMPLOYERS</u>		
<u>NAME</u>	<u>DATE</u>	<u>POSITION</u>
1.		
2.		
3.		

Applicant's Signature

Date