TCE Canada



Senior Camp Counsellor Application

			App	olicant l	ntorma	ation			
Full Name:								Date:	
	Last		Firs	st			M.I.		
Address:									
	Street Address							Apartment/Unit ‡	į
	City						Province	Postal Code	
Phone:					Email				
Camp Areas for (Indicate	0)								
Camp Sight for (Indicate									
Are you a ci	tizen of the Canada?		YES	NO	If no, a	re you a	authorized to worl	YES k in Canada.? □	NO
			YES	NO	If yes, v	when?_			
YES NO Have you ever been convicted of a felony?									
If yes, explain:									
Education									
High School	l:			Address:					
From:	To:	Di	d you g	raduate?	YES	NO	Diploma::		
College:				Address:					
From:	To:	Di	d you g	raduate?	YES	NO	Degree:		
Do you have Certificate?	e a First Aid	YES		Please Ind First Aid I					
Do you have Life Guard YES Qualifications?		YES	NO F	Please Inc Qualifica					

References									
Please list ti	hree professional references.								
Full Name:				Relationship:					
0				Phone:					
Address:									
Full Name:				Relationship:					
Company:				Phone:					
Address:									
Full Name:				Relationship:					
Company:				Phone:					
Address:				THORIO.					
	Previous Emp								
Componi	·			Dhono					
Company: Address:				Phone:					
Address.				Supervisor:					
Job Title:	Starting Salar		Ending Salary: <u>\$</u>						
Responsibilit	ies:								
From:	To: Re	To: Reason for Leaving:							
May we cont	act your previous supervisor for a reference?	YES	NO						
	act your previous supervisor for a reference:								
Company:				Phone:					
Address:				Supervisor:					
Job Title:	Starting Salar	y: \$		Ending Salary:					
Responsibilit	ies:								
From:	To: Re	To: Reason for Leaving:							
May we cont	act your previous supervisor for a reference?	YES	NO						
	Disclaimer and	Signa	ture						
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.									
Signature:				Date:					