



ADMINISTRATIVE ASSISTANT STUDENT EMPLOYMENT APPLICATION INSTRUCTIONS

All applications must include a cover letter, resume outlining your administrative education, Administrative Assistant Student Employment Application Form, completed Release of Information Form, and a signed Declaration.

The Release of Information Form is extremely important and it is your responsibility to have it completed in full. Due to the requirements under the "*Freedom of Information and Protection of Privacy Act*," schools and institutions are unable to release information without written consent from you, the student.

An incomplete application may result in your application being removed from the selection process.

If you have any questions regarding the application process please do not hesitate to contact Miranda Tomera in the payroll department at:

Email: mtomera@sparwood.ca

Address: P.O. Box 520
Sparwood, BC V0B 2G0

Telephone: 250.425.6816

Fax: 250.425.7277

Application Deadline: Friday, April 1, 2016 at 4:00 p.m. MST

Employment Start Date: Monday, May 2, 2016

Employment End Date: Friday, August 26, 2016



ADMINISTRATIVE ASSISTANT STUDENT EMPLOYMENT APPLICATION FORM

Date: _____

Name of Applicant: _____ Student ID. #: _____

Permanent Sparwood Address:

Street Address: _____

Postal Address: _____ City: _____

Postal Code: _____ Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Birth Date (dd/mm/yr): _____

Current Driver's License: Y / N License #: _____ Class #: _____

Restrictions: _____

School you are presently attending: _____ Program: _____

Grade/Year of program (i.e. 2 of 4): _____ Expected completion date: _____

Returning to school in the fall: Y / N Program returning to: _____

Are you willing to work full time: Y / N Are there dates you will require off: Y / N

If YES please provide dates and reason: _____

Date available to start work: _____ Last day available for work: _____

Are you legally entitled to work in Canada with a current SIN number: Y / N

Have you previously been employed by the District of Sparwood: Y / N

If YES, when and in which department: _____

The facts set forth above in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my educational and employment history. The personal information requested on this form is collected for the sole purpose of potential employment with the District of Sparwood. Any questions you have on how the FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT applies to the personal information collected on this form should be directed to: Michelle Martineau, Freedom of Information, 136 Spruce Avenue, Box 520, Sparwood, B.C. V0B 2G0.

TEL: 250.425.6271, FAX: 250.425.7277, Email: mmartineau@sparwood.ca

Signature of Applicant: _____

PLEASE NOTE: THIS APPLICATION IS ONLY VALID FOR THE CURRENT YEAR



**RELEASE OF INFORMATION FORM
ATTENTION: REGISTRAR'S OFFICE**

DATE: _____

TO: _____
Name of School/College/University

FROM: _____
Name of Student

STUDENT ID#: _____

RE: Confirmation of full time enrollment from September 2015 to April 2016, and permanent mailing address of student supplied at the time of enrollment.

Please accept this as my authorization to release the above noted information to the District of Sparwood.

This information is required under Sparwood's student hiring policy for Summer Employment.

Would you please complete the following information and either email or fax it to:

The District of Sparwood
Attn: Miranda Tomera, Payroll Department
Telephone: 1.250.425.6816
Fax: 1.250.425.7277
E-Mail: mtomera@sparwood.ca

That I was a full time student from September 2015 to December 2015; _____

That I was a full time student from January 2016 to April 2016; and _____

That I have made application or that I am eligible to return in September 2016; _____

Permanent mailing address supplied by student at time of enrollment was:

Address: _____

City: _____

Province: _____ Postal Code: _____

SIGNATURE OF STUDENT

SIGNATURE OF REGISTRAR'S OFFICE

DATE



DECLARATION

Date: _____

I, _____ hereby affirm:

- 1) Sparwood is my place of Permanent residency while I am not attending school/college/university; and
- 2) I have full intentions of returning to school/college/university in the fall of 2015.

Name of School/College/University

I understand that the above two conditions are applicable to my employment and I agree to notify the Employer immediately should my residency or intention to return to school/college/university, change from above.

SIGNATURE

DATE

WITNESS