



CITY OF HAMILTON

SUMMER STUDENT APPLICATION

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Complete and return to the the Works Depot offices at 11 Laffan Street, Hamilton.

Last Name	First Name	Middle Name
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Mailing Address:

Contact Phone Number(s):

Date of Birth:

Bermudian: Y N
(circle one)

SUMMER ROLE INTEREST - PLEASE SELECT TOP 3 CHOICES BY INDICATING 1, 2 AND 3 IN BOXES

Horticulture	<input type="checkbox"/>	Sanitation	<input type="checkbox"/>
Carpenter	<input type="checkbox"/>	Sign Maker	<input type="checkbox"/>
Mechanic	<input type="checkbox"/>	Engineer	<input type="checkbox"/>
Masonry	<input type="checkbox"/>	Events	<input type="checkbox"/>
Finance	<input type="checkbox"/>	No preference	<input type="checkbox"/>

PREVIOUS SUMMER EMPLOYMENT

Company:	Supervisor:
Job Title:	Dates Employed:

Responsibilities:

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Responsibilities:

EDUCATION

High School Name:

Current Student (circle one): Yes No

Graduation Date:

Obtained High School Diploma (circle one): Yes No

COLLEGE/UNIVERSITY

College/University Name:

Current Student (circle one): Yes No Not applicable

Graduation Date:

Obtained Degree (circle one): Yes No Not Applicable

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TECHNICAL TRAINING

Technical Institution:

Current Enrollment (circle one): Yes No Not applicable

Graduation Date:

Obtained Certificate (circle one): Yes No Not applicable

RELEVANT TRAINING & CERTIFICATES (PLEASE LIST)

REFERENCES

Name	Telephone Number	Relationship to Student
1.		
2.		

SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to Summer Employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____