

2026 Summer Employment Application

The Corporation of the Township of Johnson
1 Johnson Drive, Desbarats, ON P0R 1E0

APPLICANT INFORMATION

Full Name:

Permanent Address:

City:

Province:

Postal Code:

Home Phone: ()

Alternate Phone: ()

Email Address:

Are you a Johnson Township Resident? Yes No

As of July 1, 2025 will you be between 15 & 30 years of age?

Yes No

What is your career goal?

EDUCATION

To qualify for the Student position, as of January 1, 2026 you must have been a full time student January to April 2026, and be intending to return to school on a full-time basis during the next academic year. This is a requirement for the position and a signed copy of the Acknowledgment of Student Status may be requested. Full-time attendance at school is defined as 3 or more courses per semester.

Are you a full-time student? Yes No

What is your field of study? (i.e. Program, Major, Minor):

Circle education level you are expected to complete by May/June 2026:

University: 1 2 3 4

College: 1 2 3 4

High School: 9 10 11 12

Other:

Are you returning to full-time school attendance in September 2026?

Yes No

QUALIFICATIONS

Do you have a current valid Ontario Driver's Licence? Yes No

If Yes, please circle classification: A D F G1 G2 G Other:

AVAILABILITY

Date available for summer student employment:

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Our positions may require evening and weekend shifts. Are you available during these times?

Yes No

EXPERIENCE (PEASE CHECK AND EXPLAIN ALL THAT APPLY)

- Clerical
- Customer Service
- Cash Handling
- Computers
- Equipment/Vehicle Operation
- House Keeping
- Labour (i.e. Yard Maintenance, Painting)
- Other

EMPLOYMENT HISTORY

Employer: _____ From: _____ To: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Duties/Responsibilities:

Reason for Leaving?

Employer: _____ From: _____ To: _____
(MM/DD/YYYY) (MM/DD/YYYY)

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Reason for Leaving?

Employer: _____ From: _____ To: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Duties/Responsibilities:

Reason for Leaving?

CURRENT CERTIFICATES

First Aid/CPR

Expiry Date:

WHMIS

Expiry Date:

Other _____

Expiry Date:

Should the Corporation wish to verify and receive comments about my employment, I hereby approve of this requirement and authorize any previous employers and/or current employers to release to the Corporation any and all information regarding my employment, as requested by the Corporation, and I further agree that no liability or damage shall accrue to either the Corporation or previous employer(s) as a consequence of this release of information. I certify that all of the above statements made by me are true, with the full knowledge and understanding that if it is found I have falsified this application, such application will constitute full and sufficient grounds for dismissal from the employ of the Corporation.

Signature:

Date:

Personal information on this form is collected under the authority of the *Municipal Act*, R.S.O. 2001 and will be used to determine eligibility for employment. Questions about this collection of personal information should be directed to:

Janet Boucher, Deputy Clerk/Treasurer
1 Johnson Drive
Desbarats ON P0R 1E0
Phone: 705-782-6601 Fax: 705-782-6780

While all applications will be reviewed, only those students selected for an interview will be notified.

PLEASE SUBMIT THE FOLLOWING WITH YOUR SUMMER STUDENT APPLICATION:

- Cover Letter (identifying the position you are interested in, why it interests you and your qualifications for the position); and
- Resumé