



Aquatic Interview Candidate Questionnaire

PART A: Candidate Information

First Name:		Last Name:	
Personal #:		Other #:	
Email:		LSS ID	
Which position are you applying for?	<input type="checkbox"/> Aquatic Attendant <input type="checkbox"/> Aquatic Instructor <input type="checkbox"/> Lifeguard <input type="checkbox"/> Lifeguard/Instructor		

PART B: General Information

Indicate the certification you <u>currently hold</u> and the date you received the certification:	<input type="checkbox"/> Standard First Aid with CPR-C Date: _____	<input type="checkbox"/> LSS Swim Instructors Date: _____	<input type="checkbox"/> National Lifeguard Date: _____
	<input type="checkbox"/> Bronze Cross Date: _____	<input type="checkbox"/> LSS Lifesaving Instructors Date: _____	<input type="checkbox"/> Airway Management Date: _____
Indicate any certification courses you are registered in:	<input type="checkbox"/> Standard First Aid with CPR-C <input type="checkbox"/> Bronze Cross (Recertification)	<input type="checkbox"/> LSS Swim/Lifesaving Instructors	<input type="checkbox"/> National Lifeguard <input type="checkbox"/> Airway Management
Do you have previous volunteer experience with the City of Brampton?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?		
Are you able to work a minimum of 2 days per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why?		
Please provide your weekly availability:	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
Which session would you be available to start work?	<input type="checkbox"/> Fall September - December <input type="checkbox"/> Winter January – March <input type="checkbox"/> Spring March - June <input type="checkbox"/> Summer July - August		
Will you have any challenges arriving to work on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain why?		

PART C: Facility Interest

1st Choice <input type="checkbox"/> Cassie Campbell <input type="checkbox"/> Century Gardens <input type="checkbox"/> Ching. Wellness / Ellen Mitchell <input type="checkbox"/> Riverstone <input type="checkbox"/> Chinguacousy Park <input type="checkbox"/> Earncliffe <input type="checkbox"/> Gore Meadows <input type="checkbox"/> Loafer's Lake / Jim Archdekin <input type="checkbox"/> Susan Fennell <input type="checkbox"/> Eldorado <input type="checkbox"/> Professor's Lake	Rationale Choose all that apply <input type="checkbox"/> Proximity to home <input type="checkbox"/> Proximity to school <input type="checkbox"/> On bus route <input type="checkbox"/> Familiar with facility <input type="checkbox"/> Volunteered at facility <input type="checkbox"/> Other:
2nd Choice <input type="checkbox"/> Cassie Campbell <input type="checkbox"/> Century Gardens <input type="checkbox"/> Ching. Wellness / Ellen Mitchell <input type="checkbox"/> Riverstone <input type="checkbox"/> Chinguacousy Park <input type="checkbox"/> Earncliffe <input type="checkbox"/> Gore Meadows <input type="checkbox"/> Loafer's Lake / Jim Archdekin <input type="checkbox"/> Susan Fennell <input type="checkbox"/> Eldorado <input type="checkbox"/> Professor's Lake	Rationale Choose all that apply <input type="checkbox"/> Proximity to home <input type="checkbox"/> Proximity to school <input type="checkbox"/> On bus route <input type="checkbox"/> Familiar with facility <input type="checkbox"/> Volunteered at facility <input type="checkbox"/> Other:
3rd Choice <input type="checkbox"/> Cassie Campbell <input type="checkbox"/> Century Gardens <input type="checkbox"/> Ching. Wellness / Ellen Mitchell <input type="checkbox"/> Riverstone <input type="checkbox"/> Chinguacousy Park <input type="checkbox"/> Earncliffe <input type="checkbox"/> Gore Meadows <input type="checkbox"/> Loafer's Lake / Jim Archdekin <input type="checkbox"/> Susan Fennell <input type="checkbox"/> Eldorado <input type="checkbox"/> Professor's Lake	Rationale Choose all that apply <input type="checkbox"/> Proximity to home <input type="checkbox"/> Proximity to school <input type="checkbox"/> On bus route <input type="checkbox"/> Familiar with facility <input type="checkbox"/> Volunteered at facility <input type="checkbox"/> Other:

****The City of Brampton Aquatic Team will make every effort to match candidates with their desired location; however, staff will be allocated based on each facilities staffing needs. Therefore, candidates may be placed at any of their top three choices.**

I hereby certify that the information provided on this form is correct and that any false statements may result in cancellation of my application for employment with the Corporation of the City of Brampton.

Candidate Name: _____ Candidate Signature: _____ Date: _____