

EMPLOYMENT / JOB APPLICATION



POSITION APPLIED FOR

WHICH POSITION(S) ARE YOU APPLYING FOR:

- | | |
|---|---|
| <input type="checkbox"/> ADMISSION CLERK / GIFT STORE CLERK (PART-TIME) | <input type="checkbox"/> MUSEUM INTERPRETER |
| <input type="checkbox"/> ADMISSION CLERK | <input type="checkbox"/> GIFT STORE CLERK |
| <input type="checkbox"/> MAINTENANCE / JANITORIAL | <input type="checkbox"/> STUDENT / YOUTH UNDER 30 |
| <input type="checkbox"/> ANY POSITION AVAILABLE | |

PERSONAL INFORMATION

FULL NAME: _____ DATE: _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City Province Area Code

E-MAIL: _____ PHONE: _____

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES NO

HAVE YOU BEEN PREVIOUSLY EMPLOYED AT THE MATTHEW LEGACY? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

EDUCATION

HIGH SCHOOL: _____ CITY: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

UNIVERSITY/COLLEGE: _____ CITY: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATE: _____

OTHER: _____ CITY: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATE: _____

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City Province Area Code

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City Province Area Code

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 3: _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____
Street Address Apt/Suite

City Province Area Code

JOB TITLE: _____

RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

REFERENCES

#1 - FULL NAME: _____
First Last

COMPANY: _____ TITLE: _____

ADDRESS: _____

E-MAIL: _____ PHONE: _____

#2 - FULL NAME: _____
First Last

COMPANY: _____ TITLE: _____

ADDRESS: _____

E-MAIL: _____ PHONE: _____

#3 - FULL NAME: _____
First Last

COMPANY: _____ TITLE: _____

ADDRESS: _____

E-MAIL: _____ PHONE: _____

BACKGROUND CHECK CONSENT

IF ASKED, ARE YOU WILLING TO PROVIDE A CERTIFICATE OF CONDUCT? YES NO

DISCLAIMER

Applicant understands that this is an Equal Opportunity Employer and is committed to excellence through diversity. To ensure this application is acceptable, please print or type with the application being fully completed for it to be considered.

Please complete each section EVEN IF you decide to attach a resume.

I, the Applicant, certify that my answers are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

DEADLINE: APRIL 4th, 2025

Clearly mark "Application for Museum Interpreter".

MAIL TO: The Matthew Legacy
P.O Box 500
Bonavista, NL A0C 1B0

EMAIL: info@thematthewlegacy.com

IN-PERSON: Drop off to Town Hall
95 Church Street, Bonavista
Monday to Friday 8:00 AM – 4:30 PM