



Village of New Maryland
SUMMER STUDENT EMPLOYMENT APPLICATION FORM

Office Use Only: Date Received: <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>
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Application Deadline: Friday, March 28th, 2025 at 4:30 pm

Mailing Address: 584 New Maryland Highway, New Maryland, NB, E3C 1K1
 Or e-mail to Cynthia Geldart, CAO – cynthia.geldart@vonm.ca

Please Print, Complete and Return Application Form (drop off, mail or e-mail)
Please attach a copy of your resume AND a copy of certifications/training credentials.

Position(s) applying for (specify in preferred order, if applicable). In 2025, the Village will be hiring the following summer student positions: *Day Camp Counsellors, Recreation Maintenance Labourers and Public Works Maintenance Labourers (see individual job descriptions).*

- (1) _____
- (2) _____
- (3) _____

Available Start Date for Summer Employment: _____

Personal Information:

Family Name	First	Second
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Mailing Address

City/Village	Province	Postal Code
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Home Phone	Cell Number	E-mail Address
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Language(s) Spoken: English _____ French _____ Other (please specify): _____

Language(s) Written: English _____ French _____ Other (please specify): _____

Education:

EDUCATION	CURRENT GRADE OR YEAR	NAME & ADDRESS OF INSTITUTION	MAJOR
High School			
College			
University			
Other			

Were you a student during the past school year (2024-2025)? _____

Will you be returning to school in the fall 2025? _____

Training/Certifications:

Do you have a valid Driver's License? _____ Do you have access to a vehicle? _____

Do you have a current certificate in Standard First Aid & CPR? _____ If Yes, year attained: _____

Do you have any other relevant training or certification for the position being applied for? Yes / No

If yes, _____ (also, please attach a copy to your application)

Employment History:

Please record in sequence beginning with present or most recent employer.

Employer's Name:	Position Held:
Employer's Phone Number:	Your Duties:
Supervisor's Name:	
Duration of Employment:	
Reason for Leaving:	
Employer's Name:	Position Held:
Employer's Phone Number:	Your Duties:
Supervisor's Name:	
Duration of Employment:	
Reason for Leaving:	
Employer's Name:	Position Held:
Employer's Phone Number:	Your Duties:
Supervisor's Name:	
Duration of Employment:	
Reason for Leaving:	

Were you previously employed by the Village of New Maryland? _____ If Yes, when? _____

References - Please provide two, with at least one work reference (if applicable):

- (1) Name: _____ Affiliation: _____
Phone # _____ E-mail: _____
- (2) Name _____ Affiliation: _____
Phone # _____ E-mail: _____

DO YOU REQUIRE ANY TIME OFF THIS SUMMER? **IF YES, YOU MUST INDICATE ANY DATES (WEEKDAYS) BELOW.** These times **must** be approved prior to commencement of work:

I certify that the statements made in this application are true and complete to the best of my knowledge. I am aware that misrepresentation or falsification may result in rejection of my application or dismissal from employment.

Date: _____ Signature: _____