



ANCASTER COMMUNITY SERVICES

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## Youth Employment Services Registration Form - Employee

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

### Times Available:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Type of work preferred: \_\_\_\_\_

Relevant Experience (work, volunteer, certifications etc.):

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Form of Transportation: \_\_\_\_\_ Town Area: \_\_\_\_\_

Willing to do odd jobs/yard work: Y / N

Own Lawn Mower: Y / N

Available for winter work: Y / N

### FOR OFFICE USE ONLY

Comments:

Referrals

Accept/Deny

1.

2.

3.