



ANCASTER COMMUNITY SERVICES

Youth Employment Services Registration Form - Employee

Name: _____

Date: _____

Address: _____

Phone: _____

Email: _____

Postal Code: _____

Start Date: _____ Finish Date: _____

Times Available (please indicate):

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM							
PM							

Type of work preferred: _____

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

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

**Return via: Fax (905-648-8949), or Mail to ACS, 300 Wilson Street East , Ancaster ON L9G 2B9
or Walk-in Grange School, 306 Woodworth Drive, Ancaster**

FOR OFFICE USE ONLY

Comments:

Referrals

Accept/Deny

1.

2.

3.