

THE NIAGARA PARKS COMMISSION SCHOOL OF HORTICULTURE APPLICATION

<i>Mr Miss Ms Mrs</i> <i>Please circle</i>	<i>First Name</i>		<i>Last Name</i>
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<i>Mailing Address</i>	
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<i>Home Phone #</i>		<i>Work Phone #</i>	
<i>Cellular Phone#</i>		<i>E-mail Address:</i>	

<i>Education</i>	<i>School</i>	<i>Diploma/Degree</i>	<i>Year Attained</i>

<i>Final Course Marks</i>	<i>Grade 11</i>	<i>Grade 12</i>	<i>University/College</i>

<i>Horticulture Experience</i>	
<i>Dates from - to :</i>	<i>List last employer first:</i>
<i>No. of Seasons:</i>	

**RETURN APPLICATION WITH: RESUME, TWO LETTERS OF REFERENCE AND OFFICIAL ACADEMIC TRANSCRIPT(S).
(photocopies not acceptable)**

Date and sign this form, and return complete package by June 30th of current year to:
ADMISSIONS, NIAGARA PARKS COMMISSION SCHOOL OF HORTICULTURE, BOX 150, NIAGARA FALLS, ON, L2E 6T2.
If you have any questions Telephone: (905) 356-8554 ext. 221, E-mail: schoolofhorticulture@niagaraparks.com

DATE : _____ APPLICANT'S SIGNATURE: _____

The personal information on this application is collected under the authority of The Niagara Parks Act, R.S.O. 1980, c.317, as amended by S.O. 1983, c.38, S4(j) and will be used to assess your qualifications.

FOR OFFICE USE ONLY

<i>Resume</i>		<i>Reference Letters</i>		<i>Transcripts</i>		<i>Interview Date & Time</i>
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