



APPLICATION FOR SUPPORT STAFF

(As approved by Ontario Human Rights Commission - May 19, 1998)

- SECRETARIAL PROFESSIONAL OTHER _____
 EDUCATIONAL ASSISTANT CUSTODIAN/MAINTENANCE

Type of Employment Desired: Full Time
 Part-time

Date Available to Begin Work: _____

PERSONAL DATA

| | | | |
|--|-------------------|-------------|-----------------------|
| Name: _____ | | | |
| Last Name | Given Names | | |
| Home Address: _____ | | | |
| Street | Home Phone Number | | |
| City | Province | Postal Code | Business Phone Number |
| Please indicate how you want to be addressed in any correspondence: _____ | | | |
| Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

EDUCATION

| SECONDARY SCHOOL | BUSINESS, TRADE OR TECHNICAL SCHOOL | | |
|---|--|--|---|
| Highest grade or Level Completed | Name of course | Length of course | |
| Type of Certificate or diploma received | Licence, certificate or diploma awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| COMMUNITY COLLEGE | UNIVERSITY | | |
| Name of Program Length of Program | Length of Course | Degree awarded <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Pass <input type="checkbox"/> Honours |
| Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No | Major Subject | | |
| Other courses, workshops, seminars | Licences, Certificates, Degrees | | |

WORK RELATED SKILLS (Describe any of your work related skills, experience, or training including specific computer programs that relate to the position being applied for): _____

EMPLOYMENT

| | | |
|---|---|---------------------|
| Name and Address of Present/Last Employer | Present/Last Job Title: | |
| | Period of Employment From: _____ To: _____ | Present/last Salary |
| | Name of Supervisor | Telephone No. |
| Type of Business | Reason for Leaving | |
| Duties Responsibilities | | |

| | | |
|---|---|---------------------|
| Name and Address of Present/Last Employer | Present/Last Job Title: | |
| | Period of Employment From: _____ To: _____ | Present/last Salary |
| | Name of Supervisor | Telephone No. |
| Type of Business | Reason for Leaving | |
| Duties Responsibilities | | |

| | | |
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| | Name of Supervisor | Telephone No. |
| Type of Business | Reason for Leaving | |
| Duties Responsibilities | | |

REFERENCES

| Name and Position | Address | Telephone | Business or Personal Ref? |
|-------------------|---------|-----------|---------------------------|
| | | | |
| | | | |
| | | | |

I understand and agree that the Windsor-Essex Catholic District School Board may contact the above references and previous employers with regard to details concerning previous employment as well as educational institutions to confirm educational qualifications. I authorize my previous employer to release any and all information regarding my employment with them and agree that no liability or damage shall accrue as a consequence of their releasing this information.

I certify that all the above statements made by me are true with the full knowledge and understanding that if it is found that I have falsified in this application, such falsification may disqualify me from employment or may cause my termination of employment with the Windsor-Essex Catholic District School Board.

SIGNATURE

DATE

FOR HUMAN RESOURCES USE ONLY

Position Interviewed for:

Date: