



APPLICATION FOR EMPLOYMENT

Date: _____

TYPE OF WORK DESIRED: _____

☐ FULL TIME

☐ PART TIME

☐ CASUAL

| | | | |
|--------------|------|-------|--------|
| Name (Print) | LAST | FIRST | MIDDLE |
|--------------|------|-------|--------|

| | |
|---------|-------------|
| Address | Postal Code |
|---------|-------------|

E-mail Address: _____

| | | | |
|----------------------------|---|-------------------------------|----------------------|
| Residence Phone # () | Business Phone # or alternative # () | Date available for employment | Salary/Wage expected |
|----------------------------|---|-------------------------------|----------------------|

| | |
|---|---|
| Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a criminal offence for which a pardon was not granted? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

| EDUCATION | Highest grade or level successfully completed | |
|-------------------|--|--|
| Primary | 1 2 3 4 5 6 7 8 | |
| Secondary | 9 10 11 12 13 Co-op Program? Y__ N__ | Program Taken & Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Community College | 1 2 3 4 Co-op Program? Y__ N__ | Program Taken & Diploma Received <input type="checkbox"/> Yes <input type="checkbox"/> No |
| University | 1 2 3 4 Co-op Program? Y__ N__ | Degree & Major Subject |
| Post Graduate | | |

Other training or skills (micro-computer equipment and software used; equipment operated; typing speed; stenographic speed; driver's license(s); other license(s); apprenticeship course(s); certificates(s); general interest courses(s); etc.)

Activities and special interests

(Please complete second page)

Employment History BEGINNING WITH CURRENT OR MOST RECENT EMPLOYER, detail each position held. Account for all periods of employment and include co-op/work term experience. Volunteer experience may also be listed. If required, separate sheets should be used.

| Name and address of employer | Duties performed | Name and title of immediate supervisor | Rates of pay | | Reason for leaving | Employment dates Mo. Yr. |
|------------------------------|------------------|--|--------------|-------|--------------------|--------------------------------|
| | | | Initial | Final | | |
| | | | | | | From ____ ____ To ____ ____ |
| | | | | | | From ____ ____ To ____ ____ |
| | | | | | | From ____ ____ To ____ ____ |
| | | | | | | From ____ ____ To ____ ____ |
| | | | | | | From ____ ____ To ____ ____ |
| | | | | | | From ____ ____ To ____ ____ |

PLEASE READ CAREFULLY:

1. I agree to undergo any and all job related physical examinations which may be required by Brock University after a conditional offer of employment is made.
2. I understand and further agree that Brock University will ask for information from educational institutions attended and from previous employers regarding the details of my academic and employment records. I authorize the release of this information to Brock University and I agree that no liability or damage shall accrue to my educational institutions or previous employers as a consequence of their releasing such information.
3. I further agree to participate in the Employee Benefit Plans of Brock University should such participation be compulsory under the terms of the Plans.
4. I accept the University's right to collect pertinent personal information. I understand and acknowledge that the information is collected and used to establish my employee record for the purpose of administering Payroll, Benefits, and Pensions, and is used by the University in the academic and financial administration of its affairs, and to achieve compliance with its collective agreements and legislative obligations.
5. I agree that misrepresentation of facts by me in this application shall be sufficient cause for dismissal if I become employed by Brock University.

Have you attached any additional information?

☐ Yes ☐ No

Date

Applicant's Signature