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| Logo_new_small | **EMPLOYMENT APPLICATION – NON TEACHING STAFF** |
| 522 SECOND STREET EAST, FORT FRANCES, ONTARIO P9A 1N4  TELEPHONE (807) 274-9855 FAX (807) 274-1950 www.rrdsb.com |

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| POSITIONS APPLIED FOR: | FULL TIME  CASUAL  PART TIME  STUDENT | FOR OFFICE USE  Date Received:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DATE AVAILABLE: |

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| ***PERSONAL RECORD*** |  | | | | | | | |
| APPLICANT’S NAME | | | | | | | | |
| LAST | | | | | GIVEN | | | |
| APPLICANT’S ADDRESS: |  | | | |  |  | |  |
| NUMBER | STREET | | | | | | | APT. #/UNIT # |
| CITY | | | PROVINCE | | | | | POSTAL CODE |
| HOME TELEPHONE  (   )    - | | ALTERNATE TELEPHONE  (   )    - | | | | | EMAIL ADDRESS | |
| Have you **ever** been convicted of **any offence** under the Criminal Code of Canada for which a formal **Pardon** or **Record Suspension** has not been granted?  **YES** I have had a previous criminal conviction for which a formal Pardon or Record Suspension has not been granted  **NO** I have not had a previous criminal conviction for which a Pardon or Record Suspension has not been granted | | | | | | | | |
| Are you 18 years of age or older?  YES  NO | | | | Are you legally entitled to work in Canada?  YES  NO | | | | |
| Have you previously worked for the Rainy River District School Board?  YES  NO | | | | If hired, do you have reliable means of transportation to get to work?  YES  NO | | | | |

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| EDUCATION | ELEMENTARY  SCHOOL | | HIGH SCHOOL | | | | | COLLEGE/UNIVERSITY (Please specify) | | | | GRADUATE/  PROFESSIONAL | |
| Last Years Completed  (Please circle) | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 1 | 2 | 3 | 4 | 1 | 2 |
| Diploma/Degree |  | |  | | | | |  | | | |  | |
| Describe Course of Study | | |  | | | | |  | | | |  | |
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| Describe any specialized training, apprenticeship skills and extra-curricular activities. |  | | | | | | | | | | | | |
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| Describe any honours you have received. |  | | | | | | | | | | | | |
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| WORK HISTORY | ***LIST MOST RECENT WORK EXPERIENCE FIRST***  *(ATTACH ADDITIONAL SHEET IF NECESSARY)* | | |
| **NAME OF EMPLOYER,**  **NATURE OF BUSINESS** | **FROM TO**  **MONTH/YEAR** | **NATURE OF DUTIES**  **AND JOB TITLE** | **REASON FOR LEAVING** |
|  | /  to     / |  |  |
| SUPERVISOR’S NAME  AND TITLE |  | TELEPHONE: MAY WE YES  (   )    -     CONTACT? NO | |
|  | /  to     / |  |  |
| SUPERVISOR’S NAME  AND TITLE |  | TELEPHONE: MAY WE YES  (   )    -     CONTACT? NO | |
|  | /  to     / |  |  |
| SUPERVISOR’S NAME  AND TITLE |  | TELEPHONE: MAY WE YES  (   )    -     CONTACT? NO | |
|  | /  to     / |  |  |
| SUPERVISOR’S NAME  AND TITLE |  | TELEPHONE: MAY WE YES  (   )    -     CONTACT? NO | |

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| ***WORK HISTORY: Secretarial and Clerical Applicants only*** | | |
| Please specify software programs and provide details of formal training and experience. | | |
| WORDPROCESSING: YES  NO |  | |
| SPREADSHEET: YES  NO |  | |
| DATABASE: YES  NO |  | |
| Please provide details of formal training and experience. | | |
| ACCOUNTING BACKGROUND: YES  NO | |  |
| LIST OFFICE MACHINES AND COMPUTER PROGRAMS YOU HAVE USED AND EXTENT TO WHICH YOU CAN OPERATE: | | |
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| Maintenance Applicants Only | | |
| DO YOU HAVE A VALID TRADE CERTIFICATE: YES  NO  Please specify: | | |

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| ***ADDITIONAL INFORMATION:*** *Please use this space, if you desire, to summarize any additional information necessary to describe your qualifications more fully, including any volunteer experience.* |
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| ***REFERENCES:*** | | |
| **Name** | **Position** | **Telephone** |
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| ***This information if being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the authority of the Education Act, c.129, s. 60 and will be used for the purposes of determining suitability, eligibility and qualifications for employment with the Board.*** |

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| ***DECLARATION*** |  |
| “I declare all statements on this application to be the best of my knowledge and belief, an accurate statement of facts. I understand and agree that a false statement may disqualify me from employment or result in dismissal. I consent to personal reference checking to be conducted by a representative of the Rainy River District School Board for the purpose of evaluating my application. I understand that if employed by the Board, additional personal information will be requested.”  I have read, understand and agreed with the information contained herein.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature** **Date**  Thank you for completing this application form and for your interest in employment with the  **Rainy River District School Board.** | |