

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

POSITIONS APPLIED FOR:				FULL CASU					OFFICE USE Received:					
DATE AVAILABLE:					PART TIME STUDENT									
PERSONAL RECORD														
APPLICANT'S NAME							1							
LAST							GIVE	N						
APPLICANT'S ADDRESS:	1									1	1			
NUMBER	STR	REET									APT. #/UNI	Т#		
HOME TELEPHONE	PROVINCE ALTERNATE TELEPHONE			POSTAL CODE										
() -	ALTERNATE T			ICLEPI	EPHONE			EMAIL ADDRESS						
Have you ever been convic	ted of a	ny offe	nce u	ınder t	he Cri	minal	Code o	f Canada fo	or which	a foi	rmal Pardo	on or Reco	rd	
Suspension has not been g	ranted?)												
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 previou	us crimi	nal con	victio	n for v	which	a Pard	on or R	ecord Sus	ension	has r	not been gr	ranted		
Are you 18 years of age or older? YES NO				Are you legally entitled to work in Canada? YES										
Have you previously worked for the Rainy River District School If hired, do you have reliable means of transportation to get to								t to						
Board?							work	?						
YES NO							YES NO	H						
		IT A DV											CDADI	LATE /
EDUCATION	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														
Describe any specialized training, apprenticeship skills and extra-curricular activities.														
Describe any honours you have received.														

WORK HISTORY			EXPERIENCE FIRST ET IF NECESSARY)			
NAME OF EMPLOYER, NATURE OF BUSINESS	FROM TO MONTH/YEAR			E OF DUTIES JOB TITLE		REASON FOR LEAVING
	/					
	to					
	/					
SUPERVISOR'S NAME AND TITLE				PHONE:) -	MAY WE CONTACT?	YES NO
	/					
	to					
	/					
SUPERVISOR'S NAME AND TITLE	1	1		PHONE:) -	MAY WE CONTACT?	YES NO
	/					
	to					
	/					
SUPERVISOR'S NAME AND TITLE				PHONE:	MAY WE CONTACT?	YES NO
	/					
	to					
	/					
SUPERVISOR'S NAME AND TITLE				PHONE:	MAY WE CONTACT?	YES NO
WORK HISTORY:	Secretar	ial and Cleri	ical Applicants o	nlv		
TOTAL THOTOLET.	Secretar			programs and provide de	etails of formal train	ng and experience.
WORDPROCESSING: YES	□ N	0 🗆				
SPREADSHEET: YES	□ N	0 🗆				
DATABASE: YES	□ N	0 🗆				
				Please provide de	etails of formal train	ing and experience.
ACCOUNTING BACKGROUND: YES	N	0 🗆				
LIST OFFICE MACHINES AND COMPUT	ER PROGRAMS YOU	HAVE USED AND	EXTENT TO WHICH YOU	CAN OPERATE:		
				,		
			nce Applicants On	niy		
DO YOU HAVE A VALID TRADE CERTIF	ICATE: YE	ES 🗌	NO 🗌			
Please specify:						

ADDITIONAL INFORMATION:	DITIONAL INFORMATION: Please use this space, if you desire, to summarize any additional information necessary to describe your qualifications more fully, including any volunteer experience.					
REFERENCES:	Desition	Tolonhous				
Name	Position	Telephone				
Protection of Privacy Act and un		he Municipal Freedom of Information and n Act, c.129, s. 60 and will be used for the for employment with the Board.				
DECLARATION						
and agree that a false statement may disc	qualify me from employment or re le Rainy River District School Board d, additional personal information					
Signat	ture	Date				
Thank you for comple	eting this application form and for Rainy River District School	your interest in employment with the ol Board.				