

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD

90 Mulberry Street, P.O. Box 2012, Hamilton, Ontario L8N 3R9 – PHONE: 905 – 525-2930 FAX: 905 – 525-0043

APPLICATION FOR EMPLOYMENT (Please attach a current Resume)

SECTION A – PERSONAL (Please Print)					
SURNAME		GIVEN NAME(S)			
HOME ADDRESS (Street, Apt. #, City, Postal Code)		TEMPORARY ADDRESS (If applicable)			
HOME TELEPHONE NUMBER		TEMPORARY/CELL TELEPHONE NUMBER/E-MAIL ADDRESS			
HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? _____ ARE YOU LEGALLY ENTITLED TO WORK IN CANADA? YES ___ NO ___					
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH YOU HAVE NOT RECEIVED A PARDON? YES ___ NO ___					
SECTION B – PLEASE BE SPECIFIC					
POSITION APPLIED FOR:					
ASSISTANT CUSTODIAN ___ CUSTODIAN ___ MAINTENANCE ___ EDUCATIONAL ASSISTANT ___					
CLERICAL ___ LUNCHROOM SUPERVISOR ___ SUMMER EMPLOYMENT ___ OTHER _____					
HAVE YOU EVER BEEN EMPLOYED BY THIS BOARD BEFORE? _____ IF YES, WHEN? _____					
DATE AVAILABLE TO START _____					
ARE YOU INTERESTED IN: FULL TIME ___ PART TIME ___ CASUAL ___					
If hired, do you have a reliable means of transportation? _____					
SECTION C – EDUCATIONAL BACKGROUND					
NAME OF SCHOOL	FROM	TO	GRADUATED/COMPLETED		COURSE OR MAJOR
SECONDARY			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COLLEGE/UNIVERSITY			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CERTIFICATES (i.e. Business or Trade)			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CORRESPONDENCE OR NIGHT SCHOOL			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OTHER			<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are there any other experiences, skills, or qualifications, which you feel, would especially fit you for work with the board?					

For Clerical Applicants Only					
Do you have computer experience? _____ If so, what applications? _____					
Do you have switchboard experience? _____ If so, how many lines? _____					

SECTION D – EMPLOYMENT HISTORY (List in order, last or present employment first)			
DATES		POSITION HELD (Describe in detail the work you did.)	REASON FOR LEAVING
FROM	TO		

SECTION E – PERSONAL REFERENCES		
Provide the names and contact information of three (3) individuals (not former employees or relatives) who would provide a personal reference.		
NAME AND OCCUPATION	ADDRESS	TELEPHONE NUMBER



I hereby certify that the information given in this application is true, correct and complete in every aspect.

I understand that misrepresentation or omission of information supplied in this and other attached forms may be cause for immediate dismissal from the Board’s service. I also understand that my statements of employment and personal history may be thoroughly investigated, and I hereby authorize such investigation, and further, authorize any third party to provide the Hamilton-Wentworth Catholic District School Board with any information requested.

Signature

Date

Authorization for the collection and maintenance of this information is the Education Act, S. 171 (1) 3. Users of this information are Administrative Officers. This application form documents the qualifications and other pertinent information required for a position with the Hamilton-Wentworth Catholic District School Board. Contact person about the collection of this information is the Administrator of Human Resources at the address or telephone number that appears on this form.

Thank you for your completing this application form and for your interest in employment with us. Applications are retained for a period of 6 months from the date of receipt. If you have not heard from the Human Resources Department regarding an interview by that time, you can either call to update your application (905 525-2930 Ext. 2262 for Clerical/Custodial Applications and Ext. 2271 for Educational Assistant/Early Childhood Educators Applications) or you can submit a new one.