

ST. JAMES-ASSINIBOIA SCHOOL DIVISION

2574 Portage Avenue, Winnipeg, Manitoba, R3J 0H8

Phone: 204-888-7951 Fax: 204-831-0859 http://www.sjasd.ca

Great Schools for Growing and Learning

APPLICATION FOR NON-TEACHING EMPLOYMENT

Reasonable accommodations are available for persons with disabilities on request

Job Vacancy No.						
(Check One)	☐ Educational Assistant ☐ Interpreter ☐ Computer Technician	☐ Secretary ☐ Student Assistant ☐ Other	☐ Library Technician ☐ Lunchroom Supervisor			
PERSONAL INF	FORMATION					
Surname:		Given Names	:			
Address:						
City/Province: -			Postal Code:			
Mailing Address or:	: Same as above					
Home Phone:		V	Vork Phone:			
Cell Phone:		E-Mail:				
Other name(s) u	nder which you worked or we	ere educated:				
Have you been	employed by this Division?	Yes □ No □ If yes,	when?			
Position?		Location?				
Are you legally e	entitled to work in Canada?	Yes □ No □				
Have you ever been charged with a criminal offence for which a pardon has not been granted? Yes No						
If "Yes", give particulars of the charge, date and result in each case:						
EDUCATION A	ND QUALIFICATIONS					
Highest School	Grade Completed:	Year [.]	School:			

Name of Technical or Community College		Degre	Year	
	•			
Other courses (include year completed)				
Are you bilingual (English/French)?	Yes 🗌	No 🗌		
Are you fluent in ASL?	Yes 🗌	No 🗌	Highest Level obtained:	
Current Non-Violent Crisis Intervention?	Yes 🗌	No 🗌		
Current CPR?	Yes 🗌	No 🗌		
Current First Aid?	Yes 🗌	No 🗌		
FOR CLERICAL AND SECRETARIAL APPLICANTS				
Software Used: Word Processing:				
Spreadsheet:			Data Base:	
Wpm: Accounting Skill	ls: Yes [] No □	Computerized Accounting?	
Other business machines you can operate:				

EMPLOYMENT HISTORY (Present or most recent position first)

Name of Employer, Company or Agency	
Employer, Company or Agency Address	
From (Month/Year) to (Month/Year)	
Position & Major Job Duties	
Office Phone No.	
Supervisor's Name	
Present or Final Salary	
Reason for Leaving	
Name of Employer, Company or Agency	
Employer, Company or Agency Address	
From (Month/Year) to (Month/Year)	
Position & Major Job Duties	
Office Phone No.	
Supervisor's Name	
Present or Final Salary	
Reason for Leaving	
Name of Employer, Company or Agency	
Employer, Company or Agency Address	
From (Month/Year) to (Month/Year)	
Position & Major Job Duties	
Office Phone No.	
Supervisor's Name	
Present or Final Salary	
Reason for Leaving	

GENERAL

If you wish you may indicate any organizations, activities, hobbies, or sports with which you are involved. Information indicating race, nationality, colour, age, sex, marital or family status, religious or political beliefs is optional and not required. Please give any other information that could assist in consideration of your application.

WORK-RELATED REFERENCES

Please provide the names and addresses of at least three people whom we may contact with regard to your application. Be sure to select people to comment on your suitability for this position. Also include your last supervisor.

Name	Address & Postal Code	Relationship	Telephone

I understand that the information provided by me in this application for employment by the St. James-Assiniboia School Division ("the Division") constitutes material and important representations by me intended to induce the Division to enter into a contract of employment with me. I understand that if my application was submitted on-line, that my submission is considered an equivalent constitution. I therefore understand and agree that the giving by me of false, misleading or incomplete information in this application for employment will constitute just cause for dismissal of me from any employment entered into with me by the Division and will also fully justify the Division in treating any contract entered into with me as null and void.

Upon an offer of employment, I hereby consent to the Division conducting a personal investigation under the terms of the Personal Investigations Act, including a child abuse registry check and a criminal record check. And, I agree to present my social insurance number and original birth certificate for copying as well as copies of any additional required documentation in support of my application.

The personal information contained on this form is collected and protected under the authority of the Public Schools Act (PSA), the Personal Health Information Act (PHIA) and the Freedom of Information and Protection of Privacy Act (FIPPA) and will be used and disclosed for personnel administration and payroll purposes. I understand this will include the ongoing disclosure of my current name, address and phone number to the appropriate union or association I am a member of. Further, I understand that any other collection, use or disclosure of this personal information will not be permitted without my consent, unless authorized under the PSA, PHIA or FIPPA. Furthermore, any questions I have about the collection, use or disclosure of this information, can be directed to the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, (204) 888-7951.

If employed	d. I agree to abide b	v the policies.	procedures ar	nd working	conditions	established by	the Division.

Signature:	Date:	_
NOTE: PLEASE COMPLETE ALL	SECTIONS OF THE APPLICATION FORI	M ACCURATELY AND FULLY

