



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

Job Vacancy No. _____

- (Check One)
- | | | |
|--|--|---|
| <input type="checkbox"/> Educational Assistant | <input type="checkbox"/> Secretary | <input type="checkbox"/> Library Technician |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Student Assistant | <input type="checkbox"/> Lunchroom Supervisor |
| <input type="checkbox"/> Computer Technician | <input type="checkbox"/> Other _____ | |

PERSONAL INFORMATION

Surname: _____ Given Names: _____

Address: _____

City/Province: _____ Postal Code: _____

Mailing Address: Same as above
or: _____

Home Phone: ()- _____ Work Phone: ()- _____

Cell Phone: ()- _____ E-Mail: _____

Other name(s) under which you worked or were educated: _____

Have you been employed by this Division? Yes No If yes, when? _____

Position? _____ Location? _____

Are you legally 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 AND QUALIFICATIONS

Highest School Grade Completed: _____ Year: _____ School: _____

Name of Technical or Community College	Degree, Certificate, Diploma attained	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 Skills: 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	

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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 an original birth certificate and social insurance number card 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, I agree to abide by the policies, procedures and working conditions established by the Division.

Signature: _____ Date: _____

NOTE: PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION FORM ACCURATELY AND FULLY

