



DUFFERIN-PEEL CATHOLIC DISTRICT SCHOOL BOARD

40 Matheson Blvd. West, Mississauga, Ontario, L5R 1C5 • Tel: (905) 890-1221 • Fax: (905) 501-0182

SUPPORT SERVICES APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: (please check the appropriate boxes)

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> SLP, PSYCH, CYW, SOCIAL WORK | <input type="checkbox"/> CUSTODIAN | <input type="checkbox"/> FULL TIME |
| <input type="checkbox"/> SUPERVISORY, MANAGEMENT | <input type="checkbox"/> CLEANER | <input type="checkbox"/> PART TIME |
| <input type="checkbox"/> SECRETARIAL/CLERICAL | <input type="checkbox"/> SUMMER STUDENT | |
| <input type="checkbox"/> INFORMATION TECHNOLOGY | <input type="checkbox"/> OTHER _____ | |

Rate of Pay
Expected

Date Available

PERSONAL

NAME (LAST) (FIRST) (MIDDLE)

ADDRESS (STREET) APT.# CITY POSTAL CODE

TELEPHONE	ALTERNATE PHONE#	E-MAIL ADDRESS	ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU BETWEEN 18 AND 65 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EDUCATION AND TRAINING

PRIMARY - SECONDARY EDUCATION

HIGHEST GRADE SUCCESSFULLY COMPLETED

POST SECONDARY EDUCATION

University Education, Community College, Business School, Technological Institute, Apprenticeship Program, Correspondence Course, and Continuing Education Program.

NAME OF SCHOOL	TITLE OF PROGRAM COURSE, DEGREE	LENGTH OF PROGRAM	% OF PROGRAM COMPLETED	CERTIFICATE/DIPLOMA/ DEGREE RECEIVED

WORK-RELATED SKILLS (A PROFICIENCY TEST AND/OR GENERAL QUESTIONNAIRE MAY BE REQUIRED)

LANGUAGE SKILLS

ENGLISH: Speak Read Write

PRACTICAL/TECHNICAL

Typing/Keyboarding: Yes No _____ wpm Spreadsheet: Yes No _____ specify

Word Processing: Yes No _____ specify Database: Yes No _____ specify

SPECIFY OTHER COMPUTER EQUIPMENT OR SOFTWARE USED: _____

OTHER EQUIPMENT USED, SPECIFY: _____

TECHNICAL OR PRACTICAL CERTIFICATES OR LICENCES Yes No If yes, please list below: _____

Have you ever worked for the Dufferin-Peel Catholic District School Board? Date(s): _____ **Location:** _____

Are any of your relatives employed by DPCDSB? Name: _____ Location: _____

EMPLOYMENT HISTORY:

1. COMPANY NAME: (PRESENT OR LAST EMPLOYER) _____ TELEPHONE: () _____

ADDRESS _____ MO. _____ YR. _____ MO. _____ YR. _____
FROM: _____ TO: _____

JOB TITLE _____ MAJOR RESPONSIBILITIES _____

FINAL SALARY _____ REASON FOR LEAVING _____ NAME OF SUPERVISOR _____
\$ _____

2. COMPANY NAME: _____ TELEPHONE: () _____

ADDRESS _____ MO. _____ YR. _____ MO. _____ YR. _____
FROM: _____ TO: _____

JOB TITLE _____ MAJOR RESPONSIBILITIES _____

FINAL SALARY _____ REASON FOR LEAVING _____ NAME OF SUPERVISOR _____
\$ _____

3. COMPANY NAME: _____ TELEPHONE: () _____

ADDRESS _____ MO. _____ YR. _____ MO. _____ YR. _____
FROM: _____ TO: _____

JOB TITLE _____ MAJOR RESPONSIBILITIES _____

FINAL SALARY _____ REASON FOR LEAVING _____ NAME OF SUPERVISOR _____
\$ _____

Are there any other experiences, skills or qualifications which you feel are relevant to the position you have applied for? (Do not list activities of a Religious, Racial or National character.) _____

Please indicate if you have submitted any additional information sheets and/or resume Yes No

Have you ever been convicted of an offence under the Criminal Code of Canada for which a pardon has not been granted? Yes No
A Criminal Reference Check (dated within 6 months of the offer of employment) is required prior to commencing duties.

Signature

Date

CONDITIONS OF EMPLOYMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided is correct and that any false statements or deliberate omission of a material fact made by me may be sufficient cause for cancellation of the application and, if I have been employed, for immediate dismissal from the Dufferin-Peel Catholic District School Board.

I agree to submit to a medical examination if I am offered a permanent position, to ascertain my ability to perform the essential duties of the position, at the option of the Dufferin-Peel Catholic District School Board.

I authorize the Dufferin-Peel Catholic District School Board to make such inquiries respecting the above information, as is deemed necessary.

I understand that I may be required to show proof of the validity of my driver's licence, insurance, professional licences and entitlement to work in Canada, when such certification constitutes a job requirement.

I agree to present proof of age if I am offered a permanent position with Dufferin-Peel Catholic District School Board understanding that it is essential information for insurance/pension purposes.

Date: _____

Signature: _____