

Date of Application _____

POSITIONS APPLIED FOR

<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Full Time/Permanent
<input type="checkbox"/> Clerical/Secretarial	<input type="checkbox"/> Part Time/Permanent
<input type="checkbox"/> Custodian	<input type="checkbox"/> Temporary
<input type="checkbox"/> Librarian	<input type="checkbox"/> Summer
<input type="checkbox"/> Summer Student	
<input type="checkbox"/> Educational Assistant	
<input type="checkbox"/> Other	

Have you applied to the school division before? Yes No

Which position did you apply for? _____

Were you interviewed for that position? Yes No

If Yes, by whom? _____

PERSONAL DATA

NAME _____ PHONE NO. _____

LAST FIRST

ADDRESS _____

P.O. Box Street

Town Province Postal Code

SOCIAL INSURANCE NO. _____

Do you have a valid first aid certificate? Yes No Expiry Date _____

EDUCATION/QUALIFICATIONS

GRADE COMPLETED 8 OR UNDER 9 10 11 12

Course taken in High School Occupational Business Ed

General University Entrance

BUS DRIVER/MAINTENANCE/STUDENTS

Valid Driver's Licence Yes No Licence No. _____

Class _____ Bus Driver Certificate No. _____

*KSD requires bus drivers to obtain medical certificate prior to employment, and authorization to request a driving abstract. The Division will pay the cost of the medical examination.

CLERICAL/SECRETARIAL/EDUCATIONAL ASSISTANT/LIBRARIAN

Certificate(s) obtained _____

Related Qualifications _____

Can you type?

Yes No

Can you take shorthand?

Yes No

Can you operate a computer?

Yes No

Dictating equipment?

Yes No

Program(s) _____

What other business machines can you operate? _____

STUDENT TEMPORARY SUMMER EMPLOYMENT

With the filling out and signing of this application, the student agrees and is aware that summer employment is conditional on the availability of work as determined by the Director of Maintenance & Transportation and further, that employment shall cease, without prior notice, on any date determined by the Director. Application for child employment permit under the Employment Standards Act will be made to the Minister on your behalf.

Student's Signature

Parent's Signature

WORK EXPERIENCE AND REFERENCES

Company _____	Position _____	Date Started _____ Year Month	Reason for Leaving
Address _____	Supervisor _____	Date Left _____ Year Month	
Department _____	Use as a Reference <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Month _____ _____	
Duties _____			

Company _____	Position _____	Date Started _____ Year Month	Reason for Leaving
Address _____	Supervisor _____	Date Left _____ Year Month	
Department _____	Use as a Reference <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Month _____ _____	
Duties _____			

CHARACTER REFERENCES (Do not give relatives, previous employers, or casual acquaintances)

1. _____

2. _____

Signature