

Application for Employment

 Resume attached Yes No

Last Name	Given Names
Address	Telephone
	Email
Position Applied For	Type of Employment Preferred
Job Vacancy Number	Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>
Date Available for Work	Student <input type="checkbox"/> Casual <input type="checkbox"/>

 Are you legally entitled to work in Canada? Yes No

To be legally entitled to work in Canada, you must be a Canadian Citizen or Landed Immigrant, obtain a work permit, or have a valid student authorization.

 How did you know about this vacancy Employee Newspaper BU Website Job Bank (HRDC)
 Other _____

 Have you ever been employed by Brandon University? Yes No

If yes, please complete the following:

1. Position (most recent)	/	/
	Started: Month/Year	Left: Month/Year

Department	Reason for Leaving
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Supervisor's Name and Title _____

2. Position	/	/
	Started: Month/Year	Left: Month/Year

Department	Reason for Leaving
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Supervisor's Name and Title _____

EDUCATION / TRAINING

Secondary School Grade 9 10 11 12 13 Check highest year successfully completed.

Vocational School / College / University

Institution Attended	Name & Address of Institution	Highest Level Successfully Completed	Type of Certificate, Diploma or Degree
Community College			
University			
Other			

Trade Certificate

Type	Province	Class	Expiry Date

Skills and Abilities

Clerical Skills

- basic accounting/booking
 minute taking
 customer service
 handling cash/cash register

Computer Skills

- keyboarding _____ wpm
 word processing
 spreadsheets
 database
 data entry
 desktop publishing
 power point
 web page design

Technical / Trades / Maintenance Skills

Specify _____

Other Skills (specify any other courses or skills that you would bring to this position)

Employment History

Employer _____ Started: Month/Year _____ / _____ Left: Month/Year _____

Address _____ Reason for Leaving _____

Position Held _____ Salary _____ Main Duties _____

Supervisor's Name and Title _____

Supervisor's Work Telephone Number _____

May we contact this supervisor? Yes No

Employer _____ Started: Month/Year _____ / _____ Left: Month/Year _____

Address _____ Reason for Leaving _____

Position Held _____ Salary _____ Main Duties _____

Supervisor's Name and Title _____

Supervisor's Work Telephone Number _____

May we contact this supervisor? Yes No

Employer _____ Started: Month/Year _____ / _____ Left: Month/Year _____

Address _____ Reason for Leaving _____

Position Held _____ Salary _____ Main Duties _____

Supervisor's Name and Title _____

Supervisor's Work Telephone Number _____

May we contact this supervisor? Yes No

Why do you wish to become an employee of Brandon University and what are your present ambitions?

References

Name

Business

Address

Telephone Number

Type of Reference Employment Personal

Name

Business

Address

Telephone Number

Type of Reference Employment Personal

Name

Business

Address

Telephone Number

Type of Reference Employment Personal

READ CAREFULLY

This personal information is being collected under the authority of the Brandon University Act and will be used for assessing employment suitability. It is protected by the Protection and Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the Director, Human Resources, Brandon University, Brandon, MB R7A 6A9.

1. I understand that my employment with the University may be jeopardized by any false or misleading information given by me on this form.
2. I authorize the University, or any Agent acting on its behalf, to make whatever inquiries the University deems necessary concerning any information relating to my past employment and medical history, in consideration of this Application, (subject to the provisions of The Canadian Human Rights Act, and The Human Rights Act and The Personal Investigations Act of the Province of Manitoba).
3. I understand that if employed, deductions will be made from my salary for Disability Insurance and Pension Plans when I become eligible to participate. Furthermore, I understand that, upon reaching age 65, I may not be eligible for coverage under these plans.

Date

Applicant's Signature