



Employment Application Form

Full Name: _____ Student #: _____
 Position Applying For: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Cell Phone: _____ Home Phone: _____
 Email Address: _____

EDUCATION:

UVic: Current Year: _____ Program: _____
 Expected Year and Month of Completion: _____
 Other Relevant Education: _____

EMPLOYMENT HISTORY (as relevant to the position)

From: _____ To: _____ Position: _____
 Employer: _____
 (Name) (Address) (Phone Number)
 Duties: _____

From: _____ To: _____ Position: _____
 Employer: _____
 (Name) (Address) (Phone Number)
 Duties: _____

From: _____ To: _____ Position: _____
 Employer: _____
 (Name) (Address) (Phone Number)
 Duties: _____

WORK REFERENCES

Name	Position	Relation to Applicant	Phone Number

OTHER SKILLS (If applicable)

Food Safe: Y N Date Certified: _____
 Serving It Right: Y N Certificate Number: _____
 Computer/software you are proficient with: _____

Accommodations are available for persons with a disability. Applicants with a disability are invited to meet in advance with the department manager to discuss their potential application.

Are you working now, or have you worked in the past, for the UVSS? Y N
 If yes, specify job: _____
 Reason for Leaving: _____

TIMETABLE

CROSS OUT YOUR CLASS SCHEDULE AND ANY OTHER TIMES THAT YOU ARE
NOT AVAILABLE FOR WORK

TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
8:00-8:30							
8:30-9:00							
9:00-9:30							
9:30-10:00							
10:00-10:30							
10:30-11:00							
11:00-11:30							
11:30-12:00							
12:00-12:30							
12:30-1:00							
1:00-1:30							
1:30-2:00							
2:00-2:30							
2:30-3:00							
3:00-3:30							
3:30-4:00							
4:00-4:30							
4:30-5:00							
5:00-5:30							
5:30-6:00							
6:00-6:30							
6:30-7:00							
7:00-7:30							
7:30-8:00							
8:00-8:30							
8:30-9:00							
9:00-9:30							
9:30-10:00							
10:00-10:30							
10:30-11:00							

Any other comments or relevant information you wish to provide:

Completed Job Applications must be returned as specified on UVSS Job Posting prior to the Closing Date and Time listed on the UVSS Job Posting. **LATE ARRIVING FORMS WILL NOT BE CONSIDERED.**

I certify the information provided on this application is correct and hereby authorize the University of Victoria Students' Society to contact any references or employers and to inquire as to student status at UVic.

Signature

Date