

Application for Employment

Physical Plant	Food Services														
Last Name:	Given Names:														
Address:	Telephone:														
Job Vacancy Number: _____	Email:														
Date Available for Work: _____	Type of Employment Preferred														
Days Available for Work:	Full-Time Part-Time Casual														
<table border="1" style="border-collapse: collapse; width: 100%;"> <tr> <th style="padding: 2px;">Sun</th> <th style="padding: 2px;">Mon</th> <th style="padding: 2px;">Tues</th> <th style="padding: 2px;">Wed</th> <th style="padding: 2px;">Thur</th> <th style="padding: 2px;">Fri</th> <th style="padding: 2px;">Sat</th> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Sun	Mon	Tues	Wed	Thur	Fri	Sat								
Sun	Mon	Tues	Wed	Thur	Fri	Sat									

Current Country of Residence: _____

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 Permanent Resident, obtain a work permit, or have a valid student authorization. **Proof of valid documentation will be required.***

Have you ever been employed by Brandon University? Yes No

Employment History

Employer:	Started: Month/Year	Left: Month/Year
Position Held:	Main Duties:	
Employer:	Started: Month/Year	Left: Month/Year
Position Held:	Main Duties:	
Employer:	Started: Month/Year	Left: Month/Year
Position Held:	Main Duties:	

Skills and Abilities

Customer service	Handling cash/cash register	Database	Data entry
Smart Choices Certification	Restaurant	WHMIS	Valid License (Class ___)
Janitorial/House Cleaning	Physical Requirements (Lift 50 lbs/Standing/Kneeling etc.)	Safe Food Handling Certification	

Technical / Trades / Maintenance Skills

Specify _____

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

Please tell us about your experience related to this position:

EDUCATION / TRAINING

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

Post-Secondary

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

Other training, certifications, or licenses held:

Type	Province	Class	Expiry Date

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 or use of this information please contact HR@brandonu.ca.

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, in consideration of this Application, (subject to the provisions of The Human Rights Act and The Personal Investigations Act of the Province of Manitoba).

Date

Applicant's Signature