

ST. FRANCIS XAVIER UNIVERSITY Application for Employment

(PLEASE PRINT PLAINLY)

Permanent

				Summer □ Part-time □
Date	_Position(s) Applied For .			
Were you previously (employed by us?		f yes, when?	_
		PERSONAL		
Name			Telephone No	
Last	First	Middle		
Address	-			
Are you legally eligibl	le to accept employment	in Canada? Yes] No □	
Documentary evidenc	ce of eligibility may be re	equested after a job offer	is made.	

EDUCATION

Enter Name of Post	Faculty,	Discipline or		Dates A	Attended		Degree/	Date
Secondary and Secondary Institutions Attended.	Department, Division or	Programme or Major	FRO	ЭМ	Т	O	Diploma	Obtained or
Begin with Most Recent Institution Attended	School		мО.	YR.	мО.	YR.		Expected
			<u> </u>					

WORK HISTORY

(Please list, beginning with your most recent, all present and past employment)

Name of Employer	From 10
Address	Name of Supervisor
Type of Business	Telephone No
Your Duties and Responsibilities	
Last Weekly Salary \$	Reason for Leaving
Name of Employer	From To
Address	Name of Supervisor
Type of Business	Telephone No
·	
Last Weekly Salary \$	Reason for Leaving
Name of Employer	From To
Address	Name of Supervisor
Type of Business	Telephone No
Your Duties and Responsibilities	
Last Weekly Salary \$	Reason for Leaving
contact.	If not, indicate below which one(s) you do not wish us to

Are there any other experiences, skills or o	qualifications which you feel would especially fit	you for work with the Institution?
(Do not list any activities denoting race, rel	ligion, religious creed, colour, sex, physical hand	dicap, ethnic or national origin.)
	PERSONAL REFERENCES	
Give	the names of at least three (3) persons.	
(Please	e do not list former employers or relatives.)	
NAME AND OCCUPATION	ADDRESS	TELEPHONE NO
To the best of my knowledge, the above fa	cts in my application for employment are true a	nd complete. I understand that
	oplication shall be considered sufficient cause for	
	Signature of Applicant	

WARTHING - The q	uestions in this boxed-in a	area are not a part of t	his Application for Employment. These
questions are to be	e asked only if the applicar	nt is hired.	
Date of Birth	Sex: M □	F 🗆	Marital Status
Number of depend	ents including yourself?		
Do you have any p	hysical or mental condition	n which may limit you	r ability to perform certain kinds of work?
If yes, describe suc	ch defect(s) and specific w	ork limitations	
Person to be notified	ed in case of accident or e	mergency.	