



# EMPLOYMENT APPLICATION FORM

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applying For \_\_\_\_\_

UVic Student No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Work/Messages Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

## EDUCATIONAL HISTORY

UVic Current Year \_\_\_\_\_ Program \_\_\_\_\_

Expected Year and month of completion \_\_\_\_\_

Other relevant education \_\_\_\_\_

## EMPLOYMENT HISTORY ( as relevant to the position)

From/To	Position	Duties
Employer (Name Address Phone)		

From/To	Position	Duties
Employer (Name Address Phone)		

From/To	Position	Duties
Employer (Name Address Phone)		

## SKILLS, TRAINING, EXPERIENCE, ETC. if applicable

Typing Speed \_\_\_\_\_ w.p.m.      Driver's Lic?: Y/N

Do you have access to a car?: Y/N      Basic First Aid?: Y/N

Serving it Right Certificate?: Y/N      Certificate # \_\_\_\_\_      Industrial First Aid?: Y/N  
(Required for liquor services)

Food Safe Handling Certificate? Y/N      Date Certified \_\_\_\_\_

What computers and software are you 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.

- Do you have any relatives working for the Society? Y/N If yes, who? \_\_\_\_\_
- Are you working now, or have you worked in the past, for the UVSS? Y/N

If yes, specify job: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## WORK REFERENCES

Person	Position	Relation to applicant	Phone No.

**REVERSE SIDE OF THIS FORM MUST BE COMPLETED**



# TIMETABLE

**Cross out your class schedule and any other times you are  
NOT available for work**

	SUN	MON	TUE	WED	THU	FRI	SAT
8:00							
8:30							
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10:00							

**Any other comments or relevant information you wish to provide:**

**This completed form must be returned to the UVSS Info Booth in the Student Union Building prior to the Closing Date and Time listed on the UVSS JOB POSTING FORM. LATE ARRIVING APPLICATIONS 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 \_\_\_\_\_