



# EMPLOYMENT APPLICATION

## Non-Teaching

Given Name \_\_\_\_\_ Last Name \_\_\_\_\_  
(Underline Name Used)

Mailing Address \_\_\_\_\_  
(No.) (Street) (City/Town) (Prov.) (Postal Code)

Telephone No. \_\_\_\_\_ Email \_\_\_\_\_  
(Primary) (Alternate)

Have you been employed previously by this Division? No  Yes  If yes, when \_\_\_\_\_

---

### APPLYING FOR POSITION

Job Title: \_\_\_\_\_ Competition # \_\_\_\_\_

Cover Letter & Résumé are attached to this application **OR**  Page 3 of this Application is complete

---

### AVAILABILITY

Date Available for Work: \_\_\_\_\_

Monday  AM  PM Wednesday  AM  PM Friday  AM  PM  
Tuesday  AM  PM Thursday  AM  PM Saturday  AM  PM

If you are applying to substitute, are you willing to accept "Morning Of" Calls  Yes  No

### LOCATION PREFERENCE

If applicable, please indicate the location(s) in which you are interested in working:

- |  |  |
|--|--|
| <input type="checkbox"/> Maple Leaf School (Grade K – 4)           | <input type="checkbox"/> Minnewasta School (Grade K – 4)             |
| <input type="checkbox"/> École Morden Middle School (Grades 5 – 8) | <input type="checkbox"/> Morden Collegiate Institute (Grades 9 – 12) |
| <input type="checkbox"/> École Discovery Trails (Grade K-8)        | <input type="checkbox"/> Morden Adult Education Centre               |
| <input type="checkbox"/> Division Office                           |  |

### LANGUAGE

Please indicate which languages in which you are able to fluently...

Language	Speak	Read	Write	Language	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____				Other _____			



# EMPLOYMENT APPLICATION

Applicant: \_\_\_\_\_

## REFERENCE CHECK RELEASE

I, \_\_\_\_\_, hereby give permission to Western School Division to contact the persons listed below for the purposes of obtaining reference information. These persons are aware that you will contact them and have my permission to discuss information regarding my current and/or previous employment.

Name	Phone Number /Email Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby consent to your conducting a personal investigation in connection with this application under the terms of the Personal Investigations Act and acknowledge that any offer of employment by the Division is subject to a satisfactory criminal records check, vulnerable sector search, and child abuse registry check.

Furthermore, once employed, should I ever be charged with a criminal or other offense excluding Highway Traffic Act offenses, I will divulge this to the Division within three working days.

I understand that the information provided by me in this application for employment to the Western School Division ("the Division") constitutes material and important representations by me intended to induce the Division to enter into a contract of employment with me. I therefore understand and agree that the giving by me of false, misleading or incomplete information in this application for employment will constitute just cause for dismissal of me from any employment entered into with me by the Division and will also fully justify the Division in treating any contract entered into by it with me to be null void.

If employed, I agree to abide by the policies, procedures and working conditions established by the Western School Division

Name (Please print)	Signature of Applicant	Date
---------------------	------------------------	------

*Western School Division welcomes and encourages applications from people with disabilities.  
Accommodations are available on request for candidates taking part in all aspects of the selection process.*

# EMPLOYMENT APPLICATION

Applicant: \_\_\_\_\_

## EDUCATION

School Type	Name & Location	Grade / Year Completed	Certificate/Diploma/Degree Received
High School			
Post Secondary			

## SPECIALIZED TRAINING & CERTIFICATE *(i.e. First Aid, WEVAS, MB Driver's License)*

Certificate	Date of Certificate	Date Certificate Expires

## WORK EXPERIENCE

Employer	Job Title	Duties & Responsibilities	Location	Period of Employment