

APPLICATION FOR EMPLOYMENT - CASUAL ASSISTANT CARETAKER

PERSONAL INFORMATION									
Surname:	ırname:			Given Name:					
Street # and Name:	reet # and Name:			Home Telephone:					
City: Postal Code:	Prov:		Cell Telephone:						
Email Address:									
Are you legally entitled to	work in Ca	nada? □\	Yes □ No)					
Have you ever been conv □ No	icted of a cr	iminal offen	ce for whic	h you have not	rec	eived a	pardo	on? □ Y	'es
_	_		_						
EDUCATION	ELEMENTA SCHOOL	RY	COMPLE	ARY SCHOOL TED		Coll	EGE/L	JNIVERS	SITY
Last Year Completed (please circle)	7	8	Yes 🗆	No 🗆		1	2	3	4
Business, Trade or Technical School					□ No				
reclinical School	Area of Certification:								
_									
AVAILABILITY									
For this position you mus confirm your availability.	t be availab	le for work o	during the	following times.	Ple	ease ch	ieck Ye	es or No	to
The hours of work during the regular school year (beginning of September to end of June) are 2:00pm−10:00pm; 2:30pm−10:30pm; 3:00pm−11:00pm									

During the Christmas and March Break hours of work will be between 6:30 am to 2:30 pm.	□ Yes	□ No
During the Summer School break (July and August) hours of work will be 7:00 am to 3:00 pm.	□ Yes	□ No

EMPLOYMENT EXPERIENCE				
Is your cleaning experience: ☐ Private and/o	or Commercial			
Please indicate the number of years of private cleaning experience only:	Please indicate the number of years of commercial cleaning experience only:			
□ 1 - 3 years □ 3 - 10 years □ 10 years plus	□ 1 – 3 years □ 3 – 10 years □ 10 years plus			
PRIVATE CLEANING EXPERIENCE (List most recent work experience first)	COMMERCIAL CLEANING EXPERIENCE (List most recent work experience first)			
Name of Employer:	Name of Employer:			
Employment Dates:	Employment Dates:			
From: To:	From: To:			
Job Title/Position:	Job Title/Position:			
Duties/Responsibilities:	Duties/Responsibilities:			
Reason for Leaving:	Reason for Leaving:			
Name of Employer:	Name of Employer:			
Employment Dates:	Employment Dates:			
From: To:	From: To:			
Job Title/Position:	Job Title/Position:			
Duties/Responsibilities:	Duties/Responsibilities:			
Reason for Leaving:	Reason for Leaving:			

Name of Employer:	Name of Employer:
Employment Dates:	Employment Dates:
From: To:	From: To:
Job Title/Position:	Job Title/Position:
Duties/Responsibilities:	Duties/Responsibilities:
Reason for Leaving:	Reason for Leaving:
N 65 1	
Name of Employer:	Name of Employer:
Employment Dates:	Employment Dates:
From: To:	From: To:
Job Title/Position:	Job Title/Position:
Duties/Responsibilities:	Duties/Responsibilities:
Reason for Leaving:	Reason for Leaving:
Additional Relevant Experience:	

Do you have reliable transportation?	□ Yes □ No			
Do you travel by: ☐ Car ☐	Bus			
Have you previously worked: □ as	part of a team	nout supervision		
Have you had experience with the foll	owing equipment?			
☐ Auto scrubber	☐ Auto scrubber ☐ Snow blower			
☐ Floor buffer	□ Leaf blower			
☐ Wet/dry vacuum	□ Drill			
☐ Wet mop				
☐ Dry mop	☐ Dry mop ☐ Hand Truck			
☐ Hand tools				
Are you proficient in the basic operation Reference Check #1 Supervisor's name of current or	Reference Check #2 Must be a supervisor	Reference Check #3 Must be a supervisor		
Mame of Employer:	Name of Employer:	Name of Employer:		
Nume of Employer.	Name of Employer.	Nume of Employer.		
Reference Name:	Reference Name:	Reference Name:		
Employment Relationship:	Employment Relationship:	Employment Relationship:		
Phone Contact:	Phone Contact:	Phone Contact:		
Email Contact:	Email Contact:	Email Contact:		

I declare that all of the information I have provided in my application for employment and in any other documentation which accompanies this application is complete and true in every respect. Furthermore, I understand that, if there is any failure to respond completely and truthfully to all questions asked, or any deliberate misrepresentation of information provided by me or any failure to disclose a criminal record for which a pardon has not been granted, that upon discovery by the Board, this will constitute sufficient grounds for my dismissal if already hired or non-consideration of my application if not yet offered employment.

As a condition of employment, I give permission to HWDSB to contact any references I have supplied for the purposes of obtaining reference information including information contained in Personnel files. I further understand that confidential professional reference reports given to the HWDSB will not be released to me without the referrers consent. In addition, and at my own cost, I will be required to provide HWDSB with a completed police check (details to be provided by HWDSB, proof of WHMIS training, proof of Health & Safety Awareness Training, and other documents applicable to my employment hiring. I understand that all information must be reviewed and affirmed acceptable prior to any offer of employment.

Signed	Date
5igilea	_ Date