

## APPLICATION FOR EMPLOYMENT – CASUAL ASSISTANT CARETAKER

PERSONAL INFORMATION	
Surname:	Given Name:
Street # and Name: _____	Home Telephone:
City: _____ Prov: _____	Cell Telephone:
Postal Code: _____	
Email Address: _____	
Are you legally entitled to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a criminal offence for which you have not received a pardon? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION	ELEMENTARY SCHOOL		SECONDARY SCHOOL COMPLETED		COLLEGE/UNIVERSITY			
Last Year Completed (please circle)	7	8	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1	2	3	4
Business, Trade or Technical School	Do you have a provincial Certificate as a tradesperson? <input type="checkbox"/> Yes <input type="checkbox"/> No Area of Certification: _____							

AVAILABILITY	
For this position you must be available for work during the following times. Please check Yes or No below to confirm your availability.	
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	<input type="checkbox"/> Yes <input type="checkbox"/> No

During the Christmas and March Break hours of work will be between 6:30 am to 2:30 pm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
During the Summer School break (July and August) hours of work will be 7:00 am to 3:00 pm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HWDSB had Well Water schools. These schools require staff to acquire certification for replacement coverage. Would you be willing to obtain Well Water certification at the cost of HWDSB?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you willing to work at all HWDSB locations throughout the Hamilton-Wentworth District?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**EMPLOYMENT EXPERIENCE**

Is your cleaning experience:     Private    and/or     Commercial

Please indicate the number of years of <b>private</b> cleaning experience only: <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 3 - 10 years <input type="checkbox"/> 10 years plus	Please indicate the number of years of <b>commercial</b> cleaning experience only: <input type="checkbox"/> 1 - 3 years <input type="checkbox"/> 3 - 10 years <input type="checkbox"/> 10 years plus
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<b>PRIVATE CLEANING EXPERIENCE</b> (List most recent work experience first)	<b>COMMERCIAL CLEANING EXPERIENCE</b> (List most recent work experience first)
Name of Employer:	Name of Employer:
Employment Dates: From: _____ To: _____	Employment Dates: 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: From: _____ To: _____	Employment Dates: 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: From: _____ To: _____	Employment Dates: From: _____ To: _____
Job Title/Position:	Job Title/Position:
Duties/Responsibilities:	Duties/Responsibilities:
Reason for Leaving:	Reason for Leaving:

Other Employment History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have reliable transportation?  Yes  No

Do you travel by:  Car  Bus

Have you previously worked:  as part of a team  without supervision

Have you had experience with the following equipment?

- |   |  |
|---|--|
| <input type="checkbox"/> Auto scrubber  | <input type="checkbox"/> Snow blower     |
| <input type="checkbox"/> Floor buffer   | <input type="checkbox"/> Leaf blower     |
| <input type="checkbox"/> Wet/dry vacuum | <input type="checkbox"/> Drill           |
| <input type="checkbox"/> Wet mop        | <input type="checkbox"/> Climbing ladder |
| <input type="checkbox"/> Dry mop        | <input type="checkbox"/> Hand Truck      |
| <input type="checkbox"/> Hand tools     |  |

Are you proficient in the basic operations of a computer?  Yes  No

<b>Current or most recent employer-Must be a supervisor</b>	<b>Reference Check #2 Must be a supervisor</b>	<b>Reference Check #3 Must be a supervisor</b>
Name of Employer:	Name of Employer:	Name 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_