

Personal Information

Last Name		First Name	Middle Initial
Student Number			
Address		City	Province Postal Code
Home Phone		Email Address	

Employment History (beginning with most recent)

Dates of Employment	From (mo/yr)	To (mo/yr)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			May we contact employer?	
Company Name		Position Held		
Supervisor's Name & Title		Phone		

Dates of Employment	From (mo/yr)	To (mo/yr)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			May we contact employer?	
Company Name		Position Held		
Supervisor's Name & Title		Phone		

Dates of Employment	From (mo/yr)	To (mo/yr)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			May we contact employer?	
Company Name		Position Held		
Supervisor's Name & Title		Phone		

Education & Training

Special Skills

Availability

Please indicate by shading the appropriate block of time when you are available to work.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							

References

Name	Email Address	Phone
Name	Email Address	Phone
Name	Email Address	Phone

Signature	Date Available for Work
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I certify the information provided on this application form as correct and hereby authorize the University of Victoria to contact any references or employers listed above to verify the information submitted, unless otherwise indicated.