

Casual Employment Application

Personal Information

Last Name		First Name	Middle Initial	Middle Initial		
L						
Student Number						
Address		City	Province Postal	Code		
Home Phone		Email Address				
Employment Hi	Story (beginning with mo	st recent)				
	, -					
			. Yes N	No 🗍		
Dates of Employment	Fuero (100 a 100)	T- (()	Marriago antigada de constituição			
	From (mo/yr)	To (mo/yr)	May we contact employer?			
Company Name		Position Held				
Supervisor's Name & Title		Phone				
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Dates of Employment	1	I	Yes	[√] 0		
Dates of Employment	From (mo/yr)	To (mo/yr)	May we contact employer?			
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Company Name		Position Held				
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Supervisor's Name & Title		Phone				
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	_	_	. Yes N	No 🗍		
Dates of Employment						
	From (mo/yr)	To (mo/yr)	May we contact employer?			
Company Name		Position Held				
Supervisor's Name & Title		Phone				
Education & Tra	ining					
				1		
				1		
Special Skills						
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Box 2200 Stn CSC Victoria, BC Canada V8W 3H6

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
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Name	Email Address	Phone
		<u> </u>
Name	Email Address	Phone
iignature	Date Available for Work	

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.

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