



## 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.

### Availability for August

	Mon	Tues	Wed	Thurs	Fri
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:30					

### Availability for Fall Term

	Mon	Tues	Wed	Thurs	Fri
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:30					

Which day(s) are you available over the Labour Day weekend? Saturday  Sunday  Monday

Are you available for the occasional evening shift (until 7:30 pm)? Yes  No

## 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.