



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 during the week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30						
10:00						
11:30						
1:00						
2:30						
3:30						
4:30						
6:30						

Area of Work Preference (please mark only three boxes)

Textbooks	<input type="checkbox"/>	1st Choice	<input type="checkbox"/>	2nd Choice	<input type="checkbox"/>	3rd Choice	Cashier	<input type="checkbox"/>	1st Choice	<input type="checkbox"/>	2nd Choice	<input type="checkbox"/>	3rd Choice
General Books	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Receiving	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Merchandise	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Coffee Shop	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

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.