



# EMPLOYMENT APPLICATION - NON-TEACHING STAFF

427 RICE ROAD, WELLAND, ONTARIO, L3C 7C1 ~ TELEPHONE (905) 735-0240 FAX (905) 735-0283 ~ www.niagaracatholic.ca

NIAGARA CATHOLIC  
DISTRICT SCHOOL BOARD

**This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the authority of The Education Act, and will be used for the purposes of determining suitability, eligibility and qualifications for employment with the Board.**

POSITIONS APPLIED FOR:	FULL TIME <input type="checkbox"/>	<b>FOR OFFICE USE</b> <b>Date Received:</b> _____
	CASUAL <input type="checkbox"/>	
DATE AVAILABLE:	PART TIME <input type="checkbox"/>	
	STUDENT <input type="checkbox"/>	

<b>PERSONAL RECORD</b>		(OPTIONAL) MRS <input type="checkbox"/>
APPLICANT'S NAME		MR <input type="checkbox"/>
LAST	GIVEN	MS <input type="checkbox"/>
APPLICANT'S ADDRESS:		APT. #/UNIT #
NUMBER	STREET	
CITY	PROVINCE	POSTAL CODE
HOME TELEPHONE ( ) ( )		ALTERNATE TELEPHONE ( ) ( )
Are you 18 years of age or older?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you legally entitled to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you previously worked for the Niagara Catholic District School Board?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been convicted of any offence under the Criminal Code of Canada for which a pardon has not been granted? (A Criminal Record Check is required upon hire)
If hired, do you have reliable means of transportation to get to work?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

<b>EDUCATION</b>	ELEMENTARY SCHOOL		HIGH SCHOOL					COLLEGE/UNIVERSITY (Please specify)				GRADUATE/PROFESSIONAL	
Last Years Completed (Please circle)	7	8	9	10	11	12	13	1	2	3	4	1	2
Diploma/Degree													
Describe Course of Study													
Describe any specialized training, apprenticeship skills and extra-curricular activities.													
Describe any honours you have received													

**WORK HISTORY****LIST MOST RECENT WORK EXPERIENCE FIRST, ATTACH ADDITIONAL SHEET IF NECESSARY.**

NAME OF EMPLOYER, NATURE OF BUSINESS	FROM TO MONTH\YEAR	NATURE OF DUTIES AND JOB TITLE	REASON FOR LEAVING
SUPERVISOR'S NAME AND TITLE:		TELEPHONE: ( )	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
SUPERVISOR'S NAME AND TITLE:		TELEPHONE: ( )	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
SUPERVISOR'S NAME AND TITLE:		TELEPHONE: ( )	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>

**DECLARATION**

"I declare all statements on this application to be to the best of my knowledge and belief an accurate statement of facts. I understand and agree that a false statement may disqualify me from employment or result in dismissal. I consent to personal reference checking to be conducted by a representative of the Niagara Catholic District School Board for the purpose of evaluating my application. I understand that if employed by the Board, additional personal information will be requested."

I have read, understood and agreed with the information contained herein.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Thank you for completing this application form and for your interest in employment with the Niagara Catholic District School Board.