

## UNIT D – JOB APPLICATION FORM – SUMMER DISTRIBUTION CENTRE STUDENT 2020

<b>1. APPLICANT INFORMATION</b>			
Last Name:		First Name:	Preferred Name:
Current Mailing Address:		Current Phone #:	
E-mail Address:		Alternate Phone #:	
<b>2. AVAILABILITY</b>			
Are you available to work continuously from May 4, 2020 to August 31, 2020?		YES	NO
Are you available to work Mon-Fri for 8 hours per day?		YES	NO
Are you 16 years of age or older as of May 4, 2020?		YES	NO
If selected, will you be able to travel to 7 McCulloch Avenue for work?		YES	NO
<b>3. EDUCATION</b> <i>(candidates will be asked to provide proof of education during the hiring process)</i>			
Current School or other Full Time Educational Program:			
Name of School Board (if applicable):		Current Year of Study:	
Are you/will you be registered as a full time student for next September?		YES	NO
<b>4. PREVIOUS EMPLOYMENT</b>			
Position Title:	Organization:	Start Date	End Date
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<b>5. REFERENCES</b> <i>(must be supervisory, work or education related)</i>			
Name	Organization:	Email Address:	Phone #:
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Name	Organization:	Email Address:	Phone #:
<b>6. DECLARATIONS</b>			
Are you legally eligible to work in Canada?		YES	NO
Have you ever been convicted of a criminal offence which a pardon has not been granted or was granted and subsequently revoked?		YES	NO
I HEREBY DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND TO THE BEST OF MY KNOWLEDGE COMPLETE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FROM MY EMPLOYMENT OR RESULT IN MY IMMEDIATE DISMISSAL FOR CAUSE.			
Signature: _____		Date: _____	
Submit completed form to Employee Services, Support Staff – Units D & E: Sign, scan and email to: <a href="mailto:ESUnitsDandE@tdsb.on.ca">ESUnitsDandE@tdsb.on.ca</a> OR fax completed form to: (416)-393-8878			