

APPLICATION FOR EMPLOYMENT PAGE (SHELVER) McGILL

IMPORTANT: Please read the following instructions before completing this application.

- The information on this form is being collected to process your application for employment in accordance with the Freedom of Information and Protection of Privacy Act and under the authority of the Library Act for the purpose of determining your eligibility for employment.
- 2. Please submit a resume AND complete and sign this form.
- 3. Please print in ink when completing this application form.
- **4.** All applications are kept on file for one year.
- 5. Please be advised that BPL does not hire for seasonal employment.

PERSONA	L INFORMA	TION									
Last Name:					*First Name(s):						
Home phone number: Mobile phone number:				Email Are you 16 years or older?							
Thomas phone ham		Woolie phone number.			Linan				Yes No		
Address: Street					City Province				Postal Code		
				*	*preferred or o	chosen nai	me – does no	t have t	o be your	legal first name	
GENERAL	INFORMATI	ON									
Do you have any If yes, name and r	relatives employed relationship:] Yes	Yes No Are you a Canadian Citizen or Permanent Resident? Yes No								
Do you have a Social Insurance Number? Yes No Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No There will be a mandatory criminal record check prior to hiring.											
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AVAILABIL	LITY TO WO	RK (Please tick	k 🗸 box)								
	MONDAY	TUESDAY	WEDNESDA	AY	THURSDA	Y	FRIDAY	SAT	URDAY	SUNDAY	
MORNING										CLOSED	
AFTERNOON											
EVENING								CL	OSED	CLOSED	
				L.		•					
EDUCATIO	N										
If Secondary Sch	nool Student							Grad	lo.		
School:									orauc.		
Name & Location of School Attended (City/Province)					Course, Program OR Major Field				Highest grade completed, OR credits, diploma, degree		
Secondary											
Post Secondary											

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DETAILED EMPLOYMENT HISTORY (In chronological order, starting with most recent)							
	Employer's Name and Address:		,				
Posi	ition:	Dates worked:	Reason for leaving:				
Supe	pervisor's Name and Position:	<u></u>	Supervisor's Phone Number:				
Dutie	es:						
2. E	Employer's Name and Address:						
Posi	sition:	Dates worked:	Reason for leaving:				
Supe	pervisor's Name and Position:		Supervisor's Phone Number:				
Dutie	es:						
01	THER EXPERIENCE/INTERES	STS					
	additional qualifications, skills or experience of						
_							
List I	leisure activities and interests (exclude names	of political, ethnic or religious organizations)					
Αſ	PPLICANT'S DECLARATION	(Please read carefully before signing)					
l h	nereby certify:						
1.	That all statements made in this application and accompanying resume are true and I understand that any misstatements of material facts herein may cause forfeiture of my rights to employment with Burnaby Public Library.						
2.	 That I understand appointment to any position is dependent upon: a. Satisfactorily completing a criminal record check b. My ability to pass a medical examination (if required) c. Successful completion of a probationary period 						
3.	That Burnaby Public Library may co	ontact my present/former employers to ob	otain references.				
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l	Date		Signature				