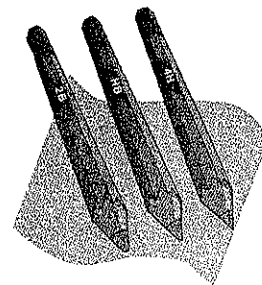




CAPE BRETON-VICTORIA Regional School Board

www.cbv.ns.ca

Phone: (902)564-8293 • Fax: (902)564-0123



APPLICATION FOR CUPE EMPLOYMENT

We invite *women, Aboriginal peoples, persons with disabilities and members of visible minorities* to specify on their application that they belong to one of these groups targeted by our Employment Equity Policy.

APPLICATION DETAIL

TITLE OR TYPE OF POSITION SOUGHT (CLASSIFICATION YOU WISH TO BE EMPLOYED IN):

PERSONAL DATA

NAME: _____

HOME ADDRESS: _____

POSTAL CODE: _____

MAILING ADDRESS: (x) As above or: _____

POSTAL CODE: _____

PHONE:(HOME) _____ (WORK) _____ EMAIL: _____

DESCRIBE ANY PHYSICAL OR HEALTH LIMITATIONS YOU WOULD LIKE TO HAVE CONSIDERED

SOCIAL INSURANCE NUMBER: _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

MASTER NUMBER: _____

VALID CLASS 2B LICENSE: YES NO MASTER NUMBER: _____

WERE YOU EVER EMPLOYED WITH ANOTHER SCHOOL BOARD YES NO

IF SO WHICH ONE _____

EMPLOYEE NUMBER WITH PREVIOUS BOARD _____

EDUCATION

ELEMENTARY COMPLETE INCOMPLETE

SECONDARY COMPLETE INCOMPLETE #OF YEARS COMPLETED _____

POST SECONDARY

1. TITLE OF DIPLOMA/CERTIFICATE/DEGREE: _____

COMPLETED YES NO Graduated Year _____

SPECIALIZATION: _____

INSTITUTION: _____

2. TITLE OF DIPLOMA/CERTIFICATE/DEGREE: _____

COMPLETED YES NO Graduated Year _____

SPECIALIZATION: _____

INSTITUTION: _____

CURRENT TYPING SPEED: _____ wpm CURRENT SHORTHAND SPEED _____ wpm

COMPUTER OR OTHER BUSINESS MACHINES

OPERATED: _____

OTHER EDUCATION:

1. NAME OF COURSE/PROGRAM: _____

SPECIALIZATION: _____ INSTITUTION: _____

COURSE LENGTH: _____ COMPLETED YES NO

EXPECTED COMPLETION DATE: _____

2. NAME OF COURSE/PROGRAM: _____

SPECIALIZATION: _____ INSTITUTION: _____

COURSE LENGTH: _____ COMPLETED YES NO

EXPECTED COMPLETION DATE: _____

PROFESSIONAL QUALIFICATIONS, MEMBERSHIPS, LICENSES, ETC.

(Please state issuing Province/Country):

ACQUIRED SKILLS (TRAINING, SKILLS OR ABILITIES WHICH YOU FEEL ARE RELATED TO POSITON)

EMPLOYMENT/VOLUNTARY EXPERIENCE

1. NAME OF PRESENT EMPLOYER: _____
PERIOD EMPLOYED FROM: _____ TO _____
ADDRESS: _____
JOB TITLE: _____ SALARY: _____
DUTIES: _____

REASON FOR LEAVING: _____

2. NAME OF PAST EMPLOYER: _____
PERIOD EMPLOYED FROM: _____ TO _____
ADDRESS: _____
JOB TITLE: _____ SALARY: _____
DUTIES: _____

3. NAME OF PAST EMPLOYER: _____
PERIOD EMPLOYED FROM: _____ TO _____
ADDRESS: _____
JOB TITLE: _____ SALARY: _____
DUTIES: _____

- PLEASE ATTACH ADDITIONAL EMPLOYMENT HISTORY AND OTHER INFORMATION TO APPLICATION

REFERENCES - NAME THREE PERSONS WHO KNOW OF YOUR WORK AND TO WHOM WE MAY REFER IN CONFIDENCE

NAME	POSITION	EMPLOYED BY	ADDRESS/ TELEPHONE #

Successful Applicants who are employed on a casual or regular basis must provide the Cape Breton-Victoria Regional School Board with a successful search of the Child Abuse Registry and a police check. Any expenses involved in these searches are the responsibility of the applicant.

SIGNATURE

DATE

- For those applicants not hired, applications will be retained for a limited period of one year, in Board referral file.