

Casual Employment Application

Box 3025 Stn CSC Victoria, BC Canada V8W 3P2

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						

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.