

UNIVERSITY OF VICTORIA APPLICATION FORM CUPE 4163 Specialist Instructional Laboratory Instructors, Academic and Scientific Assistants, etc.

Complete a separate Application Form for each Department/School to which you are applying.

NAME:	(last)	(first)				(middle)				
ADDRESS:							_			
				POSTAI						
TELEPHONE:	(home)	(work)			E-MAIL:					
Are you registered in an academic program at U-Vic?						STUDENT STATUS				
If yes, which department?						Grad		U-Grad		
Are you willing to do extra work for extra pay? (13.01(e))						YEAR				
How many sections are you able to teach? Will you accept a position r						t listed bel	ow?			
When can you NOT work? (Classes run from 0830 to 2230 hours.)										
List the top three positions for which you prefer to be considered indicating the Position Title and Course. 1st Preference										
2nd Preference										
3rd Preference										
any potential value	v, list relevant qualifications and e each position will have for you our home Department/School.					-				
Agreement. Select pedagogical value	II be made in accordance wit tion criteria will include: qualific of the position to the applicant cipated to be made approximate	cations and ability bas , the applicant's prefe	sed on aca erences, an	demic merit d other sour	and related exces of financia	xperience, th	e care	er and/or		
Applicant's Signature				-		Date				

RETURN TO CHAIR/DIRECTOR/DESIGNATE OF DEPARTMENT/SCHOOL

NOTE: IF YOU ARE NOT LEGALLY AUTHORIZED TO WORK IN CANADA, YOU WILL BE REQUIRED TO SUBMIT PROOF OF WORK AUTHORIZATION BY EMPLOYMENT & IMMIGRATION IF YOU ARE SELECTED FOR EMPLOYMENT. INTERNATIONAL STUDENTS MUST BE REGISTERED FULL-TIME AT THE UNIVERSITY OF VICTORIA TO BE ELIGIBLE FOR AUTHORIZATION.