



MAINTENANCE & CONSTRUCTION SKILLED TRADES COUNCIL  
95 Shorting Road, Mezzanine Level  
Toronto, Ontario M1S 5B9  
Tel: (416) 406-0115 Fax (416) 406-3410

## JOB APPLICATION FORM SUMMER STUDENTS – 2017

**Due: January 27, 2017**

**TYPE OF EMPLOYMENT REQUESTED: (Please rank Preference in Numerical Order)**

Unit E – Maintenance and Construction Skilled Trades:

- \*Grounds   
\*required to start May 1<sup>st</sup>

**IN WHICH AREA OF TORONTO WOULD YOU LIKE TO WORK?  
(Please rank Preference in Numerical Order)**

- West/Area A (McCulloch)                       West/Area B (Eastern)  
 East /Area C (McGriskin)                       East/Area D (McGriskin)

When are you available to start work? \_\_\_\_\_  
(dd/mm/yyyy)

At which times of the day are you available to work? \_\_\_\_\_

**AGE (Must be at least 16 for summer employment)**

- 16 – 18                       18 – 21                       >21

**PERSONAL INFORMATION (Please Print)**

Last Name                      Given Names                      Preferred Name

Address/Apt Number                      City                      Province/Postal Code

Permanent Home Phone #                      Alternate Phone #                      Email Address

Do you have a valid Driver's License?  Yes  No      Class \_\_\_\_\_

Current School or other Full Time Educational Program:

Name of School Board (if applicable): \_\_\_\_\_

Current Year of Study (Circle):      1                      2                      3                      4                      5

Are you/will you be registered as a full time student for next September?  Yes                       No

It is expected that students will report to work for the entire assigned period. Any extenuating circumstance for required absence will need to be submitted for approval prior to acceptance of a potential job offer.

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**MOST RECENT EMPLOYMENT EXPERIENCE**

1.	_____	_____
	Name of Employer	Employed From/To
	_____	
	Position Held	
	_____	
	Primary Duties and Responsibilities	
2.	_____	_____
	Name of Employer	Employed From/To
	_____	
	Position Held	
	_____	
	Primary Duties and Responsibilities	

**REFERENCES (Work-Related)**

1.	_____
	Name and Phone Number
2.	_____
	Name and Phone Number
3.	_____
	Name and Phone Number

**DECLARATIONS**

Are you legally eligible to work in Canada? Yes  No

Social Insurance Number and Date of Birth will be required at the time of an offer of employment. Upon confirmation of the offer of employment, it is the policy of the Board that each employee of the Board has a police record check completed.

In accordance with Section 29(2) of the Municipal Freedom of Information and Protection of Privacy Act, this is to advise that the information you provide on this form is collected under the legal authority of the Education Act, and will be used as necessary for the recruitment, selection and employment purposes of the Board.

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. I WILL BE REQUIRED AT THE TIME OF AN OFFER OF EMPLOYMENT TO PROVIDE MY SOCIAL INSURANCE NUMBER AND DATE OF BIRTH.

\_\_\_\_\_  
Date Signature

We are an equal opportunity employer and adhere to fair employment practices. You will be contacted only if you are selected for an interview. We strive to meet the accommodation needs of persons with disabilities. Applicants are encouraged to make their needs for accommodation known in advance during the application process.