



APPLICATION FOR EMPLOYMENT

TO BE COMPLETED FOR STUDENT POSITIONS AND CANDIDATES PROVIDING A RESUME OR CURRICULUM VITAE.

Thank you for your interest in the University of Lethbridge. To assist us in reviewing your candidacy, please complete all sections of this application. If you are submitting a resume then section B may be omitted. Please review the application to ensure the resume supplies all the necessary information. **All applicants must read and sign the Declaration under section D.**

The personal information collected on this form is subject to the provisions of the Alberta Freedom of Information and Protection of Privacy Act, and is collected under the authority of section 21(1) of the Universities Act. The use of this information will be restricted to assessing your suitability for employment at the University of Lethbridge and for the purpose of administering personnel of the University of Lethbridge. If you have any questions about the collection of this information, contact the Assoc. Vice-President (Human Resources & Administration), 4401 University Drive, University of Lethbridge, T1K 3M4, phone 329-2274.

A. PERSONAL DATA	COMPETITION NUMBER _____	DATE OF APPLICATION _____
Name (in full) _____ <small style="display: flex; justify-content: space-around; width: 100%;">SURNAME FIRST MIDDLE</small>		USUALLY CALLED _____
Address _____ <small style="display: flex; justify-content: space-between; width: 100%;">STREET & NUMBER CITY OR TOWN PROVINCE POSTAL CODE</small>		
Telephone _____ <small style="display: flex; justify-content: space-around; width: 100%;">HOME BUSINESS</small>		Email address _____

B. EDUCATIONAL DATA

Information in this section is supplied on resume or curriculum vitae

Highest grade completed in school _____ Year completed _____

Program/Specialization: Academic Business Technical General Other _____

Technical, Trade, Business, Other

INSTITUTION	COURSE	CERTIFICATE OR DIPLOMA	Complete	Incomplete	Started	Left
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	MO YR	MO YR
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	MO YR	MO YR
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	MO YR	MO YR

UNIVERSITY OR COLLEGE INSTITUTION	MAJOR	DEGREE	Complete	Incomplete	Started	Left
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	MO YR	MO YR
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	MO YR	MO YR
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	MO YR	MO YR

Professional Designation in good standing (CA, P.Eng., RN, etc) _____

Professional Courses (Canadian Securities, etc.) _____

Professional Association Memberships _____

Short Course Work (List all relevant courses completed)

NAME OF ORGANIZATION	PROGRAM NAME	LENGTH OF PROGRAM HOURS/DAY	COMPLETION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. GENERAL INFORMATION

Are you *legally* permitted to work in Canada? Yes No

If yes, by reason of Citizenship/Permanent Resident Status Work Permit, expiry date _____
DAY/MO/YR

Have you ever been employed by the U of L? Yes No If so, when _____

Do you have relatives working for the U of L? Yes No If yes, name department _____

Do you speak read and write English fluently?

D. DECLARATION

Please review the following and indicate your acceptance and agreement, where required, by signing and dating below.

Have you ever been charged and/or convicted of a criminal offense for which a pardon has not been granted? Yes No

If "yes," what is the nature of the offense? Please give details _____

If "yes," to above, I further agree to provide such authorizations, particulars, documents or information as may be required by the employer from time to time, in respect of matters pertaining to past criminal convictions.

I understand that a job-related medical examination or physical may be required after an offer of employment has been made and further, that the offer of employment may be contingent upon satisfactory completion of a job-related medical examination or questionnaire.

I certify that all information I have supplied in the Application (including attachments) is true and complete. If any information is found to be false or misleading at any time, this will constitute just cause for my dismissal.

In connection with this Application and as part of its selection process, the University of Lethbridge may conduct a personal investigation (including a criminal record search) and collect education information; employment history; and criminal record information about me from other parties. During the course of these investigations, the University of Lethbridge may give such information about me to other parties as may be needed to conduct these investigations.

If I am hired, this Application, any attachments, and any other information collected pertaining to my qualifications may be held in my employee file for the duration of my employment.

I shall submit transcripts in support of training/education indicated.

This application will not be processed unless all the necessary information has been supplied.

Date _____ Signature _____

E. EQUITY SURVEY

The University of Lethbridge believes in hiring the most duly qualified person for any open position by ensuring that the hiring process and qualifications required for each position are fair and equitable for all persons. The University is committed to an inclusive and representative workplace where diversity is valued and traditionally disadvantaged groups such as women, members of visible minorities, aboriginal persons and persons with disabilities are given full opportunity in employment. Under Federal legislation and permitted by the Human Rights Commission, the University is required to monitor its applicant pool for equity purposes. By participating in this census you will be assisting the University to achieve its goal of diversity and equity.

You may belong to more than one designated group.

An aboriginal person is a North American Indian or a member of a First Nation (includes status, treaty or registered Indians, as well as non-status & non-registered Indians), a Metis, or Inuit.

Based on this definition are you an Aboriginal person?

Yes No

Persons with disabilities have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment & either: consider them to be disadvantaged in employment by reason of that impairment. Included are persons whose functional limitations due to their impairment have been accommodated in their current workplace.

Based on this definition are you a person with a disability?

Yes No

Members of visible minorities are persons, other than Aboriginal peoples who are non-Caucasian in race or non-white in colour, regardless of birthplace.

Based on this definition are you a member of a visible minority?

Yes No

Gender: Male Female