



# PRAIRIE ROSE SCHOOL DIVISION

## SPARE CUSTODIAN APPLICANT INFORMATION FORM

This personal information is being collected under and will be used for recruitment and selection purposes. The Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act protect it. If you have any questions about the collection, contact Gerard M. Lesage, Secretary-Treasurer, 45 Main St. S, Carman, MB R0G 0J0, telephone 204 745 2003.

Date of Application \_\_\_\_\_

### PERSONAL/EMPLOYMENT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Additional phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you legally entitled to work in Canada?  Yes  No

Have you been employed by the Division before?  Yes  No

If yes: Year(s) \_\_\_\_\_ Position(s) \_\_\_\_\_

Year(s) \_\_\_\_\_ Position(s) \_\_\_\_\_

What languages do you speak?  English  French  Other: \_\_\_\_\_  
read?  English  French  Other: \_\_\_\_\_  
write?  English  French  Other: \_\_\_\_\_

Please check areas for which you wish to work:

Region A	Region B	Region C
Carman Collegiate <input type="checkbox"/>	École St. Eustache (French immersion) <input type="checkbox"/>	St. Laurent School <input type="checkbox"/>
Carman Elementary <input type="checkbox"/>	St. François Xavier School <input type="checkbox"/>	
Elm Creek School <input type="checkbox"/>	St. Paul's Collegiate <input type="checkbox"/>	
Miami School <input type="checkbox"/>		
Roland School <input type="checkbox"/>		

Days available for duty?  Mon.  Tues.  Wed.  Thurs.  Fri.  Anytime

### EDUCATION (Please include a photocopy of marks transcript and/or degree certificate)

Type of School	Location(Name)	No. of Years	Year Graduated	Standing Attained
Secondary	_____	_____	_____	_____
University	_____	_____	_____	_____
Post Graduate	_____	_____	_____	_____
Technical or Business	_____	_____	_____	_____

Additional comments/identification of specialized training or certification obtained: \_\_\_\_\_

### EMPLOYMENT HISTORY

Dates Employed	Name of Employer	Position held	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional comments: \_\_\_\_\_

**REFERENCES** Please provide the names and addresses of at least three people whom we may contact with regard to your application. If possible, select people qualified to comment on your abilities.

Name	Position	Email Address	Telephone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Training and Experience:

\_\_\_\_\_

Particulars of your active participation in extra-curricular, cultural community activities:

\_\_\_\_\_

**Please Read Carefully – Applicant’s Certification and Agreement**

By signing this application; I, \_\_\_\_\_ (please print) , certify that all statements made are true and complete to the best of my knowledge and belief. I understand that any false information may result in either no offer of employment or termination if already heard. I understand that clear criminal record and child abuse registry checks are required of all employees of the school division and it is my responsibility to provide the required checks prior to employment at my expense.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE:**

1. You are encouraged to attach a personal resume giving any additional information that you deem relevant to this application. You are not obligated to list anything which details characteristics protected by the *Human Rights Code*, such as ancestry, nationality, ethnic background, religion, age, sex, sexual orientation, marital status, political belief, or physical or mental disability.
2. Receipt of completed application forms will not necessarily be acknowledged.
3. Interviews will be arranged with selected candidates if and when appropriate positions arise.
4. Applications are to be renewed or updated for each year.

**All PRSD employees must complete a satisfactory:**

- Criminal Records check current within six months (available at your local RCMP station)
- Child Abuse Registry check current within six months ([self-check website](#) or in-house on the [PRSD website](#))
- PRSD Declaration Form (available on the [PRSD website](#))