

APPLICATION FOR HOURLY OR LUNCHROOM WORKER

Position Applied For: Lunchroom Worker School/DU: Michael Strembitsky/1578

Mr. Mrs. Name: _____
 Ms. Miss _____
(Last) (First) (Middle)

Address: _____ City: _____

Postal Code: _____ Home Phone: _____ Cell Phone: _____

Email: _____

Previously Employed by Edmonton Public Schools? Yes No

Name used if different from above: _____

Currently employed by Edmonton Public Schools? Yes ID # _____ No

Please provide references, preferably business or work associates, excluding relatives.

Name	Address	Occupation	Phone Number	Years Known

COLLECTION AND STORAGE OF PERSONAL INFORMATION

All personal information is collected solely for the purpose of determining suitability, eligibility, or qualifications for employment with Edmonton Public Schools and is retained in accordance with the *Freedom of Information and Protection of Privacy Act* of Alberta and secured in Human Resources Staffing. Information related to staff will be retained in electronic and hard-copy files and will be used to meet district and legal requirements for payroll, recruitment and selection, and information reporting. Human Resources staff, district administrators, and agents of the Board may review information retained in electronic and hard-copy files on a need-to-know basis.

EMPLOYMENT DATA – HOURLY OR LUNCHROOM WORKER

Once completed, this form will include personal information as identified under the *Freedom of Information and Protection of Privacy Act*, and **MUST NOT BE FAXED**.

Mr. Mrs. Name:

Ms. Miss

_____ (Last) (First) (Middle)

Address: _____ City: _____

Postal Code: _____ Home Phone: _____ Cell Phone: _____

Date of Birth: _____ E-mail: _____

	month/day/year	Social Insurance Number (SIN):	
If the SIN card has an expiry date, you must also submit a copy of the SIN card and Work Permit.	Copy of the SIN card attached <input type="radio"/> yes	Expiry Date of the SIN Card:	
	Copy of Work Permit attached <input type="radio"/> yes		Month/Day/Year

Note: An *Application for Hourly or Lunchroom Workers* form including the *Applicant Disclosure and Declaration* sections must be completed and the *Police Information Check* processed prior to the commencement of employment.

School/Decision Unit: **Michael Strembitsky/1578**

Position Title: **Lunchroom Worker**

Commencement Date: _____ Expected Length of Employment: **June 2019**

Rate of Pay: **\$20.00** Daily Hourly

6	1	5	3	0	1	1	5	7	8	0	0	0	0	2	0	8	0	1	0	0	0	0	0
Account					Cost Centre					Site				Program				Activity					

Date

DU Administrator

Human Resources Consulting Approval

MANDATORY RECORDS CHECK AND DISCLOSURE

Edmonton Public Schools is committed to providing a safe environment for students and staff. If you wish your application for employment to be considered, you are required to answer the three questions below under APPLICANT DISCLOSURE. Before doing so, carefully read the following information.

- Effective September 1, 2004, all employees hired by Edmonton Public Schools are required to submit a current Police Information Check which includes information relevant to working with the vulnerable sector. The nature of any charges, convictions, or investigations revealed in a Police Information Check, and the date at that time, will be considered relative to the date of hire and the position responsibilities.
- Instructions for obtaining a Police Information Check will be provided at the time of hire or offer of employment.
- If the information revealed by the Police Information Check indicates that an employee or prospective employee is unsuitable for employment with a school district, an offer of employment will be rescinded or employment will immediately be terminated by mutual agreement.

APPLICANT DISCLOSURE (Details **must** be provided for a “Yes” response.)

Have you ever been charged or convicted of an offence under the <i>Criminal Code, Narcotic Control Act, Food and Drug Act, or Firearms Act</i> of Canada, or the criminal laws of any other country? <i>If you have been granted a pardon, you are not required to respond yes to this question.</i>	• YES	• NO
Have you ever been suspended, disqualified, reprimanded, dismissed or had disciplinary action instituted against you as a member of any profession or organization?	• YES	• NO
Have you ever been denied, or had revoked, any certificate, license, or permit?	• YES	• NO

Provide details for a “yes” response including dates, disposition, and any other pertinent information.

(Note: YES to any one of the above questions will not automatically exclude you from further consideration for employment. The requirements of the position and related circumstances will be considered.)

DECLARATION

As indicated by my signature below, I declare the following:

The information provided above is correct. I understand that if the information provided is found to be untrue or misleading, I may be disqualified from employment or may be dismissed. I understand that any confidential reference reports relating to my employment with Edmonton Public Schools may not be made available to me.

 LAST NAME
 (PLEASE PRINT)

 FIRST NAME

 SIGNATURE

 DATE

FOR OFFICE USE ONLY

DIRECT DEPOSIT ENROLMENT FORM

Instructions:

- Complete **Section A** – Personal Information and **Section B** – Confirmation.
- Attach a sample cheque marked **void** for deposit to a **chequing account**.
- If you **are not depositing to** a chequing account, have your **financial institution** complete and sign **Section C**.
- Return the completed form to Human Resources.

SECTION A – Personal Information

EMPLOYEE ID # (If you do not have an employee ID #, please provide your Social Insurance Number)

Last Name

First Name

Middle Name

SECTION B – Confirmation

I confirm that Edmonton Public Schools is to deposit my pay into the bank account as identified on the attached cheque or as provided by my financial institution. I understand that it is my responsibility to advise Edmonton Public Schools, Human Resources of any changes in the banking information provided fourteen (14) days prior to a direct deposit being made.

Signature

Date

SECTION C – To Be Completed By Financial Institution

Account Number																			
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Institution Number					Branch Number														
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Name and Address of Financial Institution

Postal Code

Telephone Number

Signature of Financial Representative

Date