



UOPEP Employment Application Form

(This form is to accompany a resume and cover letter.)

The University of Toronto is strongly committed to diversity within its community and especially welcomes applications from visible minority group members, women, Aboriginal persons, persons with disabilities, members of sexual minority groups, and others who may contribute to the further diversification of ideas.

PERSONAL INFORMATION

Name : _____ Email address: _____
 (Given name first, family name second)

Phone number Home: _____ Cell: _____

GENERAL INFORMATION

Position Applied for:

Position Title: _____ Department: _____
 UOPEP Posting No.: _____

Are you age 18 or older? Yes No
 Are you legally entitled to work in Canada? Yes No
 (If the University makes a conditional offer of employment, you may be asked to provide proof of your legal entitlement to work in Canada.)

D'UWYa YbhAvailability: F/T P/T Long Term Short Term

Educational Program Details:

Educational Institution: _____ Current Year of Study: _____
 Field(s) of Study: _____ Program Length: _____

If applicable, what are the required placement hours: _____

Have you ever been convicted of a criminal offence for which a pardon has not been granted? Yes No

What date are you available to start work? _____

WORK-RELATED REFERENCES

Please provide three employment or school related references, including your current supervisor or professor. In addition to the references provided by the applicant, the University reserves the right to contact others who it deems relevant and appropriate in the assessment of this application.

Name and Title	Employment Relationship	Company and Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

All information provided in this form, my resume and cover letter, and information presented during the interview process is truthful to the best of my knowledge. I understand that falsification of any of this information or omission of any pertinent information may disqualify me from employment and/or will constitute grounds for dismissal. If employed, I agree to undergo medical examinations that may be required, which are relevant to the position for which I have applied, including medical examinations that may be required in accordance with University benefit plan requirements.

Date: _____ Signature: _____
 Print Name: _____