

Application for Employment

Sheridan is an equal opportunity employer and in compliance with the Ontario's Human Rights Code R.S.O. 1990, c.H19 promotes equal treatment with respect to employment without discrimination because of age, ancestry, colour, race, citizenship, ethnic origin, place of origin, creed, disability, family status, marital status, gender identity, gender expression, record of offences, sex, or sexual orientation.

POSITION OF INTEREST:

Position title _____

PERSONAL DATA

Last Name _____

Given Name(s) _____

Preferred Name _____

Address _____

Street _____

Apt. No. _____

Primary Phone Number _____

City _____

Province _____

Postal Code _____

Email Address _____

Are you legally authorized to work in Canada?

(e.g. work permit holder, Canadian citizen, Canadian permanent resident, etc.)

Yes

No

Are you 18 years of age or older?

Yes

No

Have you ever been convicted of a federal criminal offence for which a record suspension (formerly pardon) has **not** been granted?

Yes

No

Have you worked for Sheridan before?

Yes

No

If so, please indicate your position and dates of employment: _____

Position

Date

What is your minimum wage/salary expectation (hourly/annual)? _____

EDUCATION

Credential:

Certificate

Conferred:

Field of Study: _____

Credential:

3 year Degree

Conferred:

Field of Study: _____

Ontario College Certificate (1 year)

4 year Degree

2 year Diploma

1 year Master's

3 year Diploma

2 year Master's

Professional Designations

PhD

OVER →

EMPLOYMENT (Please provide 2 most recent employers)

Employer #1 (most recent):	Period of Employment: From (mm/yyyy): To (mm/yyyy):	Salary (hourly/annual):
Name of Supervisor:	Reason for Leaving:	
Employer #2:	Period of Employment: From (mm/yyyy): To (mm/yyyy):	Salary (hourly/annual):
Name of Supervisor:	Reason for Leaving:	

REFERENCES (Please provide 3 most recent references including 2 direct supervisors)

As per Section 39(1) of the Freedom of Information and Protection of Individual Privacy Act (FIPPA), I _____, authorize Sheridan to contact the persons or organizations listed below to obtain reference information.

Name of Organization:	Phone:
Contact Name:	Email:
Title:	Relationship to Reference:
Name of Organization:	Phone:
Contact Name:	Email:
Title:	Relationship to Reference:
Name of Organization:	Phone:
Contact Name:	Email:
Title:	Relationship to Reference:

Do you authorize Sheridan to contact the references listed above at any time: Yes No

DECLARATION

I hereby declare that the foregoing information and attached documents are true and complete to my knowledge. I understand that a false statement may disqualify me from employment, or may be cause for my dismissal.

Signature: _____ **Date:** _____

Sheridan is authorized to collect this personal information by section 2 of the Ontario Colleges of Applied Arts and Technology Act, 2002. Personal information on this form is collected under the authority of the Freedom of Information and Protection of Privacy Act (FIPPA). Sheridan adheres to all legislative requirements with respect to protecting privacy. Any questions should be directed to privacy@sheridancollege.ca or the Office of General Counsel and Information and Privacy, 1430 Trafalgar Rd., Oakville, ON L6H 2L1 (905) 845-9430