

Application to Teach - School of Continuing Education

Position applied for _____

Have you previously been a student and/or employee at RRC? **Yes** **No**

If Yes: Previous Last Name: _____

PERSONAL INFORMATION

		Social Insurance Number
Name: Last		First
Address		
Town/city	Province	Postal Code
Telephone: Home	Business	
Fax	Email	
Birthdate (YY MM DD)	Are you entitled to work in Canada?	

EDUCATION

Highest education level attained _____

Post secondary

Trade or Technical:	Institution
	Location
	Diploma or certificate
	Trade certificate no.
	Professional designation
Other: (specify)	_____
University/College:	Institution
	Degree/diploma
	Major
	Completion date
	If more than one degree, fill out a separate piece of paper.

Secondary

Institution			
Program taken	U.E.	Bus. Ed.	General
Grade completed			

EMPLOYMENT HISTORY

Position _____

Type of business _____

Present/last employer _____

Address _____

Town/city _____

Province _____

Postal Code _____

Period of employment: From _____

to _____

REFERENCES

Immediate or most recent supervisor:

Name _____

Title _____

Telephone _____

Other references _____

Please attach resume.

DECLARATION STATEMENT

I expressly consent to RRC verifying any information supplied by me in this application (and resume if applicable) for that purpose and for the purpose of obtaining any other information pertaining to my suitability for employment. RRC may contact any person or persons (not including my present employer), unless otherwise noted in this application.

I also acknowledge that I may be provided with an RRC Identification Card and/or access to some of RRC services and corporate computer systems prior to the official start date of my employment for the specific purpose of preparing for such employment. I am aware that I am subject to all relevant RRC policies www.rrc.mb.ca related to such access and that I have read and understood the attached Policy IT1 – *Acceptable Use of Computer Facilities*.

I certify that the statements made by me are true and to the best of my knowledge.

Signature _____

Date _____

OFFICE USE ONLY

Courses qualified to teach:

Course Code

1. _____

2. _____

Positions Needed: CES ____ CEI ____ DES ____ DEI ____ CEI/DEI Hourly Rate \$ _____

Manager Fund Code _____
(e.g. BUTC)

Course Start Date: _____

I authorize that the above-named person may be provided with access to the Corporate Network, prior to his/her employment start date at RRC. (please check if applicable)

Program Manager

Date